

Name in Full		Thomas Allen.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Annapolis			^{County} A. A.		MARYLAND	
	Date of death 1907		Month October	Day 19.	Age 1.	Months 8.	Days
	Sex Male.		Color or Race Colord.		Birth-place Annapolis		
	Occupation unknown			Where Residing if not at place of death 50. Cedar Lane.			
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name Louis Allen.				Father's Birthplace Mt Zion Md		
	Mother's Maiden Name Sophia Simms				Mother's Birthplace Annapolis		
Name of person giving information Sophia Simms Allen				How related to deceased Mother			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(92)</div>							
PHYSICIAN OR CORONER	Primary Bronco-Pneumonia				How long 2 Weeks		
	Immediate Convulsions				How long 4 hours		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician R. P. Allen		
					Address 60 Cathedral St Annapolis Md		
Accident or Suicide?							

Dennis + Brown

Asbury

Name
in
Full

Thomas H. H. Baltimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

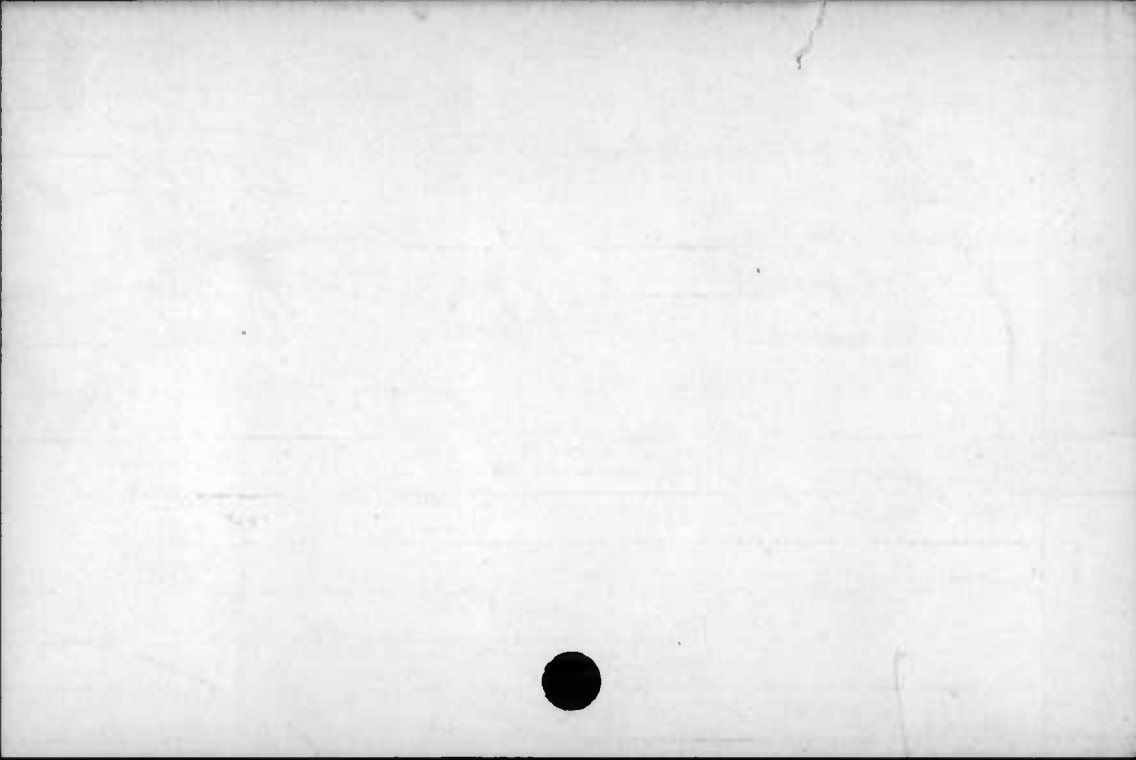
Died at <i>Bridewell Md. H. C.</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>October</i>	Day <i>17</i>	Age <i>27</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Maryland</i>		
Occupation <i>Cook</i>	Where Residing if not at place of death <i>Cambridge Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Prison record Md. H. C.</i>			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Hammond</i>
	Address <i>Jessup Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Horace Bayner

CERTIFICATE OF DEATH

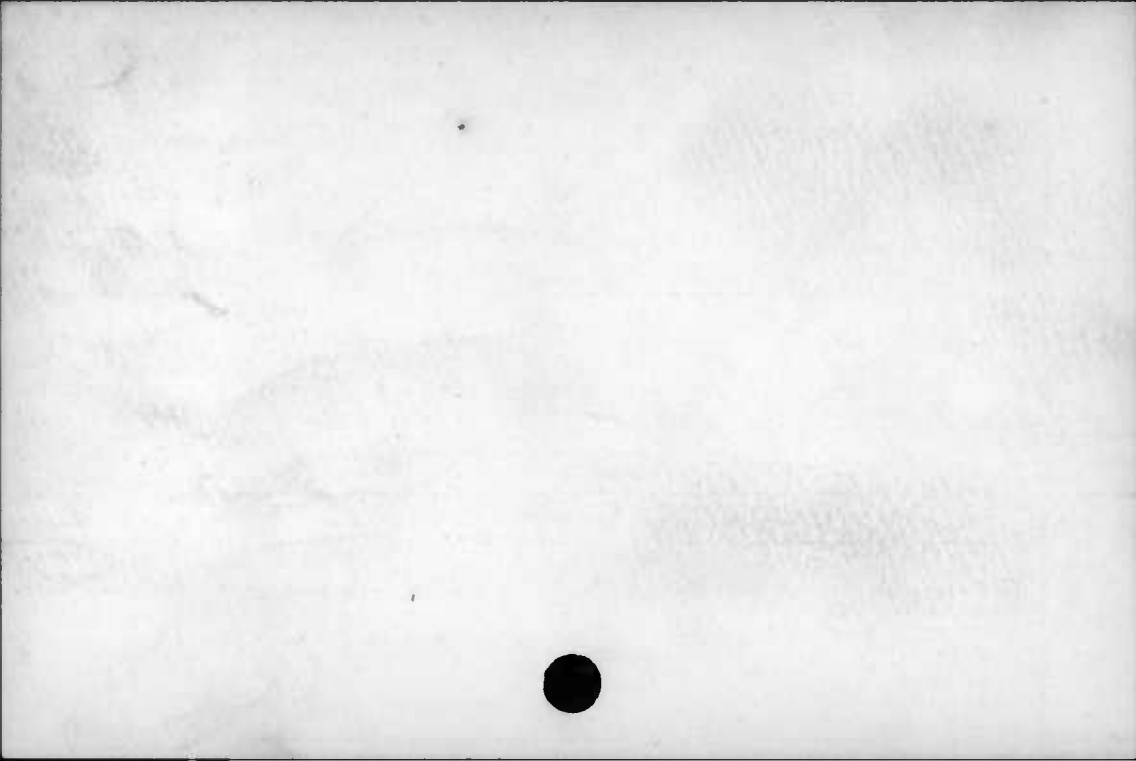
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Annapolis		Annapolis		Annapolis		MARYLAND	
Date of death	1907	Month	Oct	Day	23	Age	100
Sex	Male	Color or Race	Colored	Birth-place	A A Co Ind		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband			
Father's Name		Thomas Bayner		Father's Birthplace		A A Co Ind	
Mother's Maiden Name		Mary Stevens		Mother's Birthplace		A A Co Ind	
Name of person giving information		Jacob Tilghman		How related to deceased		Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long	154
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. S. Hylburn	
Address		Annapolis Ind	
Accident or Suicide?			



Name
in
Full

Lucenia Brandford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

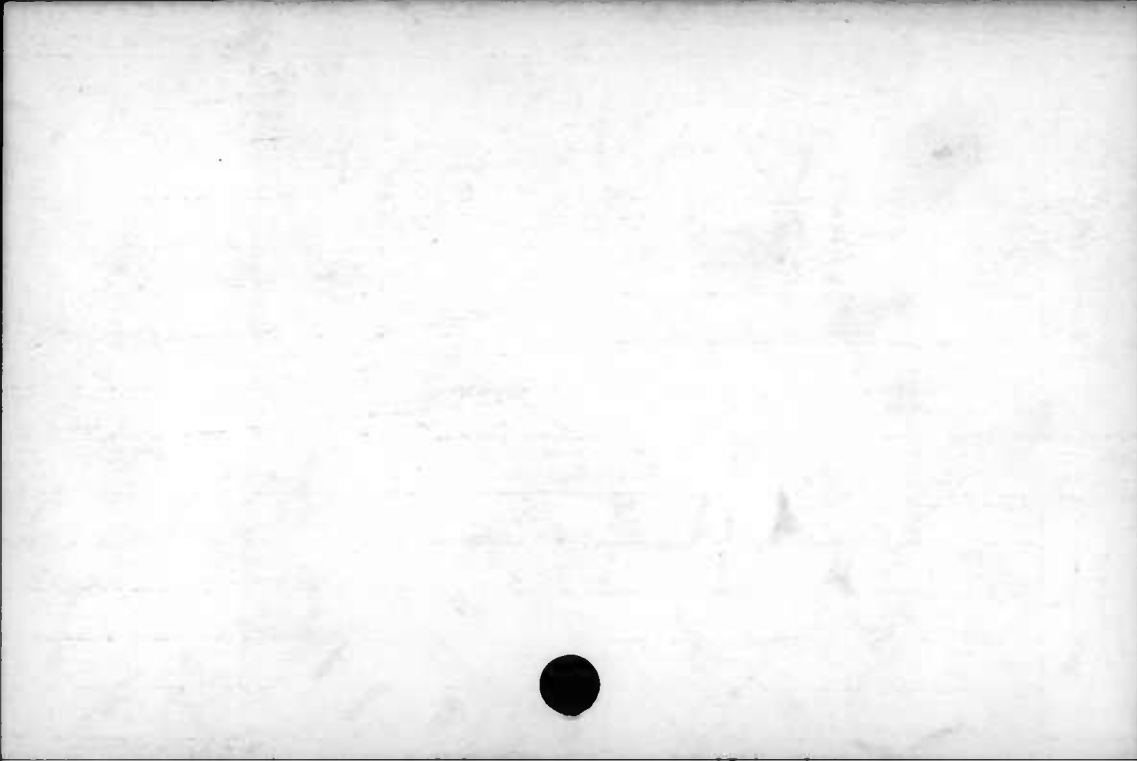
Died at <i>Germantown</i> , ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct.</i>	Day <i>12</i>	Age <i>70</i>	Months <i>—</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co., Md.</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Germantown, Md.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James Brandford, Sr.</i>				
Father's Name <i>Eliza Queen</i>	Father's Birthplace <i>A. A. Co., Md.</i>				
Mother's Maiden Name <i>Margaret Queen</i>	Mother's Birthplace <i>A. A. Co., Md.</i>				
Name of person giving information <i>Eddie Brandford</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>years.</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis B. Seukel Jr.</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>neither.</i>	



Name
in
Full

Still Born Butler

CERTIFICATE OF DEATH

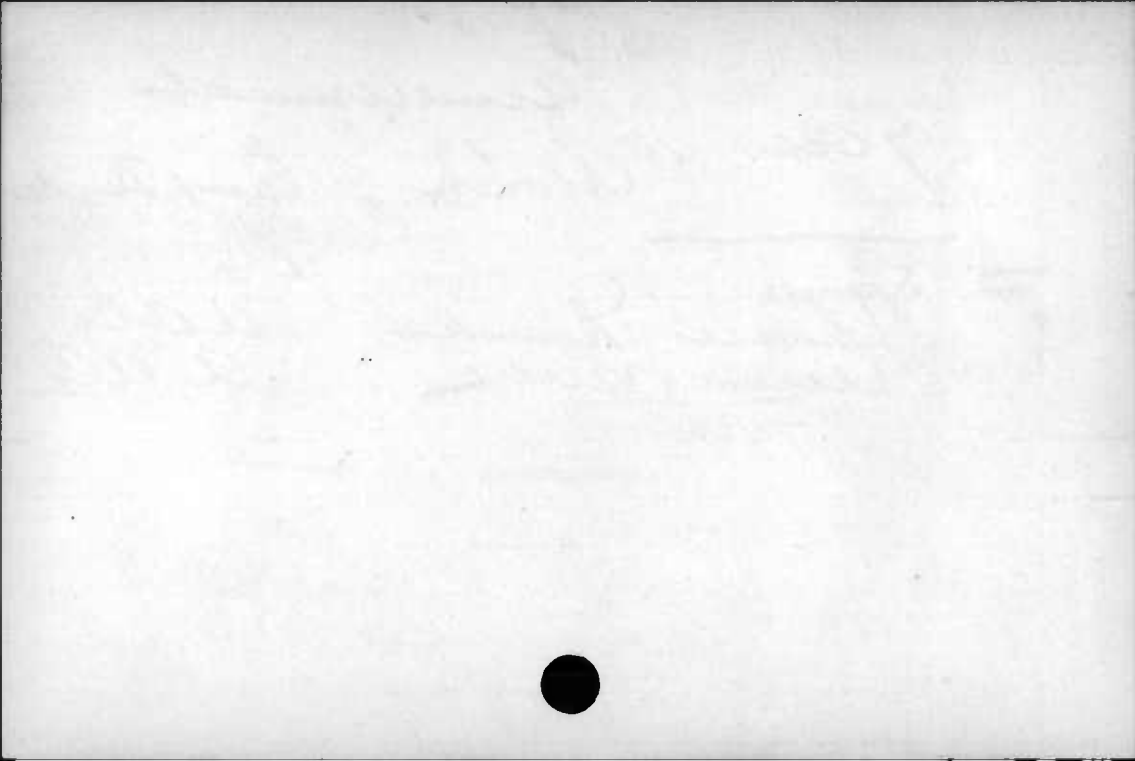
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Iglehart Sta		Annapolis		Annapolis		MARYLAND	
Date of death	190	Month	7 Oct	Day	1	Age	Years
Sex	Male	Color or Race	Colored	Birth-place		Iglehart Sta	
Occupation				Where Residing if not at place of death			
Iglehart Sta							
Married, Single or Widowed		Name of Wife or Husband					
Still Born							
Father's Name		J. H. Johnson		Father's Birthplace		A. A. Co.	
Mother's Maiden Name		Daisy Butler		Mother's Birthplace		" " "	
Name of person giving information		Thropus Digg		How related to deceased		S	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	There was only a woman	How long	
Immediate	in attendance	How long	during birth
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
of Child which was Still Born		Address	
Ematine Wilson Midwife			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Parole</i> Town <i>Parole</i> County <i>Anne Arundel</i> <i>MARYLAND</i>						
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>15</i>	Age <i>15</i>	Years <i>4</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Camp Parole</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>Camp Parole</i>			
Married, Single <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>James Hunches</i>			Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Anna Hunches</i>			Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>			

CAUSES OF DEATH

Primary <i>Marasmus</i>	How long <i>179</i> Months
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>Yes</i>	Address <i>St. Annapolis Md.</i>
Accident or Suicide?	<i>—</i>

PHYSICIAN
OR CORONER



Name
in
Full

Mary E Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>13</i>	Age <i>34</i>	Years <i>34</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>cook</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sherman Chapman</i>			
Father's Name <i>George Thomas</i>		Father's Birthplace <i>Nashville, Tenn</i>			
Mother's Maiden Name <i>Kannah Boston</i>		Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>Sarah E Thomas</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

(62)

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 Yrs</i>
Immediate	<i>Corditis</i>	How long	<i>One month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. P. Keener</i>	
yes		Address <i>60 Cathedral St Annapolis Md.</i>	
Accident or Suicide?			
<i>no</i>			

2.00
40.00
100.50

5-5.50

Name
in
Full

Charles Lot Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

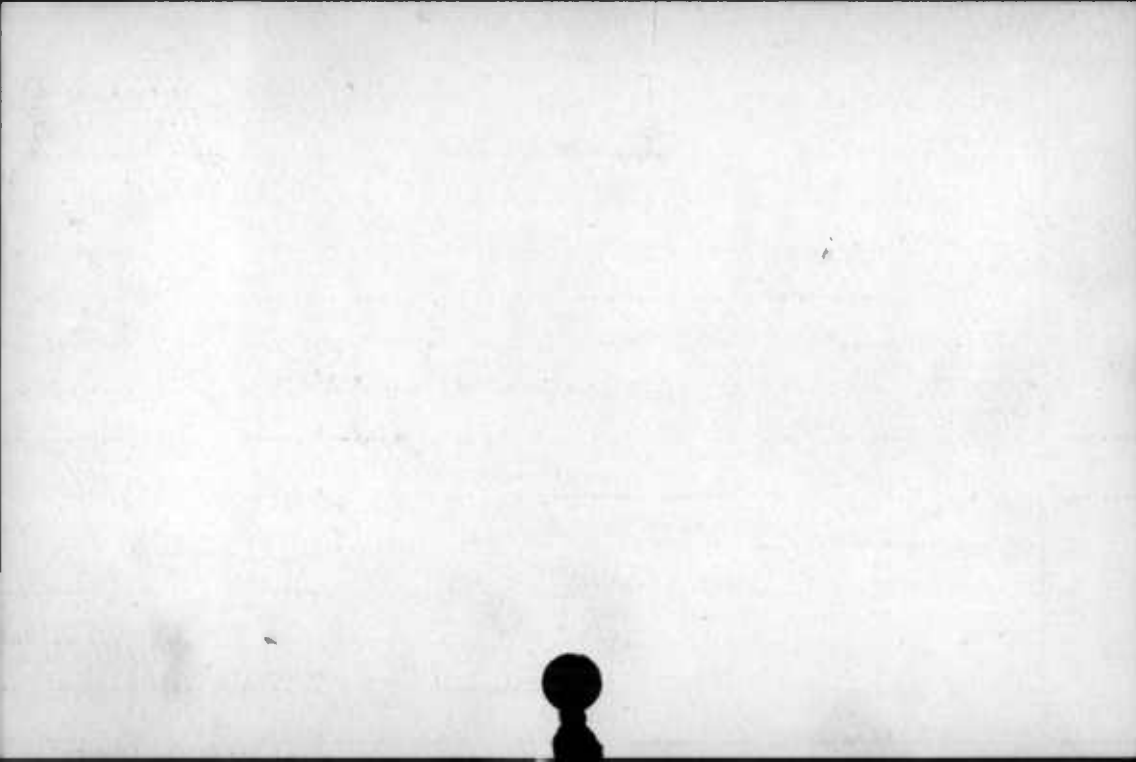
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	October	Day	26
Age	81	Years	11	Months	
Sex	Male	Color or Race	White	Birth-place	Litchfield, Conn
Occupation	Retired from business	Where Residing if not at place of death	Annapolis, Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Emily W. Chase		
Father's Name	Philo Chase	Father's Birthplace	Litchfield, Conn		
Mother's Maiden Name	Annie Morse	Mother's Birthplace	Litchfield, Conn		
Name of person giving information	James M. Munroe	How related to deceased	Son-in-law		

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	Angina Pectoris	How long	One month
Immediate	Arteriosclerosis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. Wells
		Address	Annapolis, Md
Accident or Suicide?	No		



Name
In
Full

R. Vinton Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel Co.</i> County		MARYLAND	
Date of death	1907	Month	October	Day	13th
Age	77	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	Annapolis Md.
Occupation	Clerk	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Isabella Brown Clayton		
Father's Name	Philip Clayton	Father's Birthplace	Guinea Bata		
Mother's Maiden Name	Mary Anne Brewer	Mother's Birthplace	Annapolis Md.		
Name of person giving information	Isabella B. Clayton	How related to deceased	Wife.		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	<i>5 months</i>
Immediate	<i>General Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jm S Welch</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

Hannie J. Dellinger

Town

County

MARYLAND

Died at Lorsez Md.

Date

Month

Day

Age

Years

Months

Days

of death 1907

10

10

—

1

7

Sex

Female

Color or
Race

White

Birth-
place

Lorsez Md.

Occupation

—

Where Residing if not
at place of death

Lorsez Md Annaba

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Louis Dellinger

Father's
Birthplace

Md

Mother's
Maiden Name

Edith Shaw

Mother's
Birthplace

" "

Name of person giving
In formation

Louis Dellinger

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Preventive birth

How long

Seventh month

Immediate

Marasmus

How long

since birth

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

C. E. Ruak

Address

2000 E. Burr. St.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Balto. Cemetery
John Herwig & son
10/12/07

Name
in
Full

William ~~Donaldson~~ Donaldson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

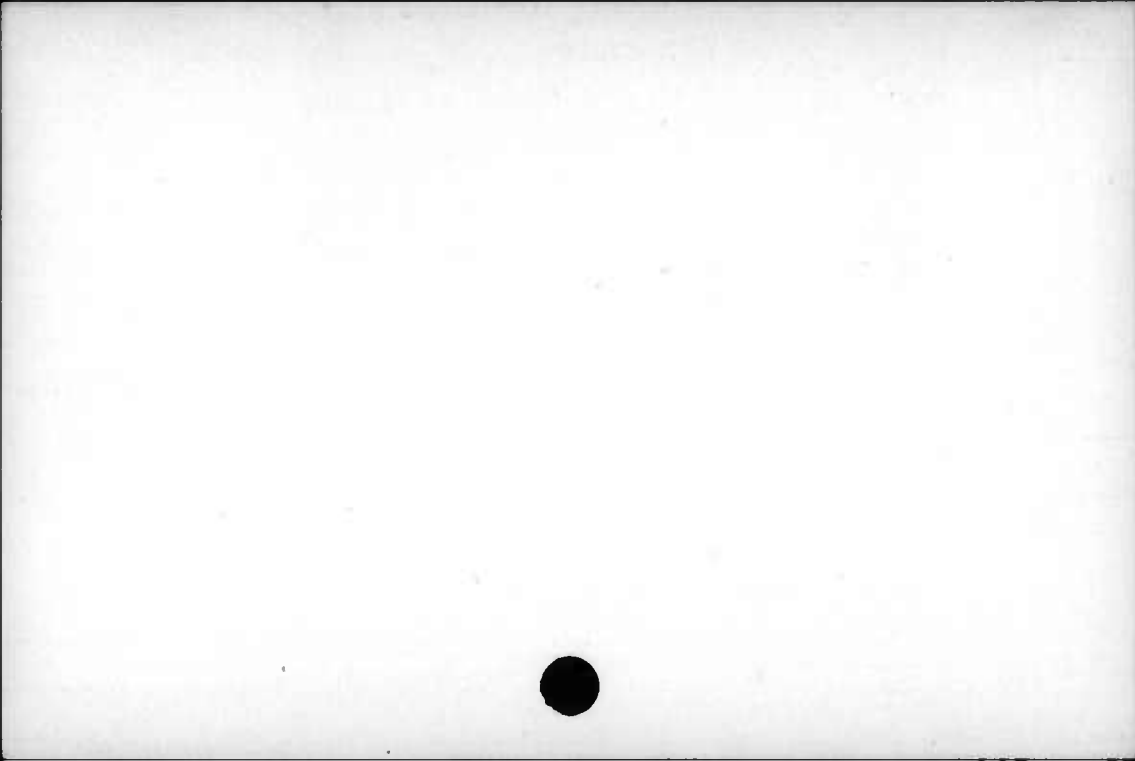
Died at <u>South River</u> ^{Town}		<u>Anne Arundell</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Oct.</u>	Day	<u>27</u>
Age	<u>70</u>	Years		Months	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Anne Arundell</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>County Home</u>		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Unknown</u>		
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Meningitis</u>	How long	<u>3 weeks</u>
Immediate	<u>Coma</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>John Collins</u>	
Address		<u>South River</u>	
Accident or Suicide?		it is impossible to get the family history	



Name
in
Full

Julia Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

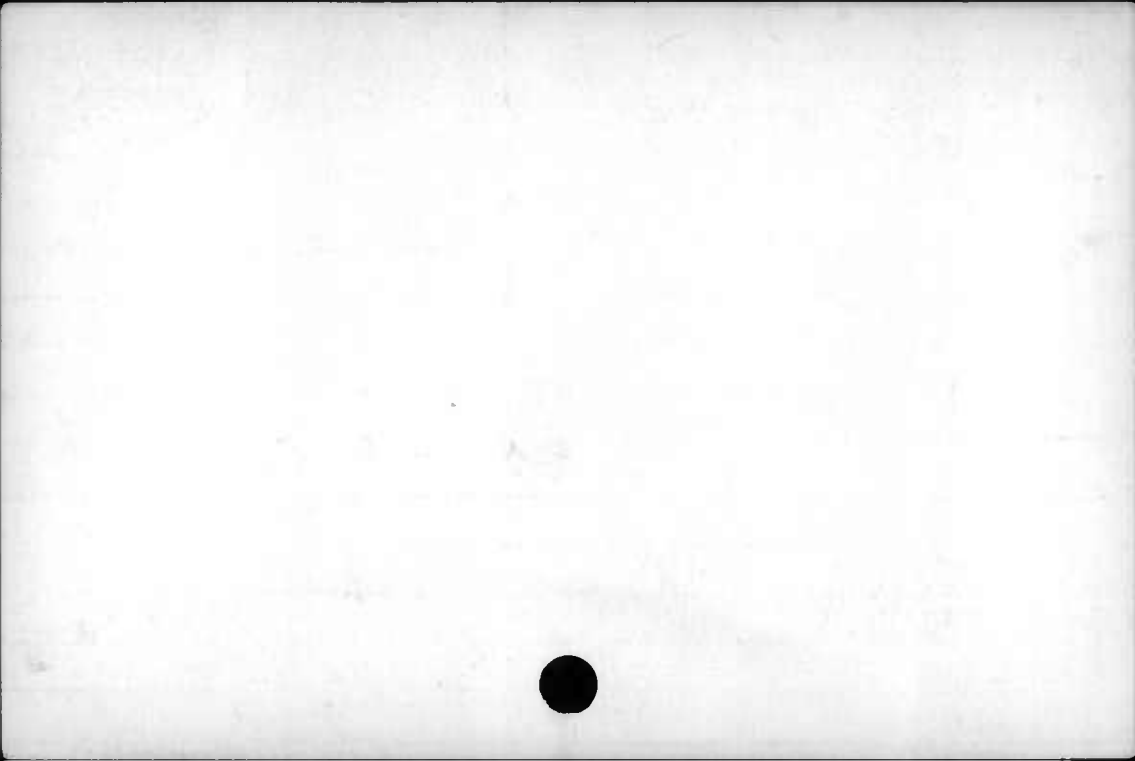
Died at <i>Elk Ridge</i> ^{Town}		<i>Ames</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>10</i>	Day	<i>10</i>
Age		<i>in</i>	Years	<i>about</i>	Months
Sex		<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place
Occupation		<i>House worker</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Widowed</i>	Name of Wife or Husband		
Father's Name		<i>Sgt. Lorne</i>		Father's Birthplace	
Mother's Maiden Name		<i>Rodie Lorne</i>		Mother's Birthplace	
Name of person giving information		<i>Barth Hawkins</i>		How related to deceased	
				<i>Nephew</i>	

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>4 months</i>
Immediate	<i>7</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Harrison Fongson</i>	
		Address	
		<i>Elk Ridge</i>	
		<i>Ma</i>	
Accident or Suicide?			



Name
In
Full

Elizabeth Francis Fisher

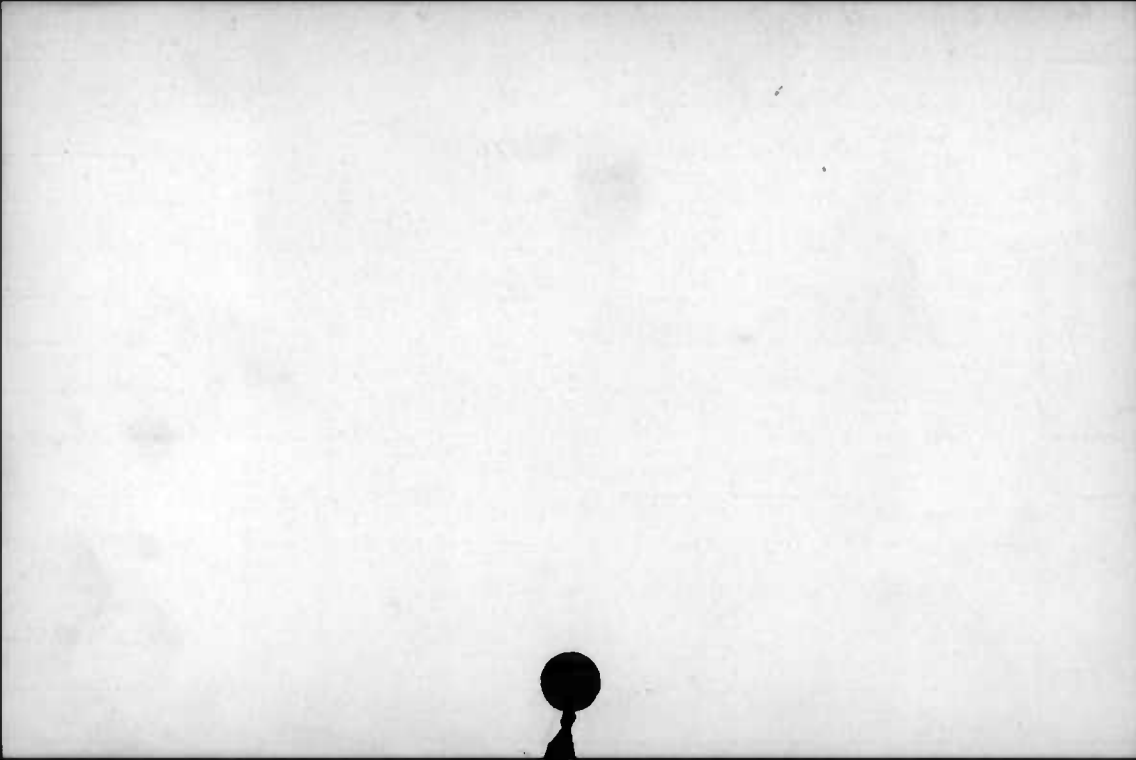
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>9.9</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Oct</u> ^{Month}	<u>15</u> ^{Day} th	<u>3</u> ^{Years}	<u>3</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Annapolis, Md</u>		
Occupation <u>waterman</u>	Where Residing if not at place of death <u>32 Holland street</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Harrie Fisher</u>				
Father's Name <u>Lewis Fisher</u>	Father's Birthplace <u>Annapolis</u>				
Mother's Maiden Name <u>Mamie Parkinson</u>	Mother's Birthplace <u>Annapolis</u>				
Name of person giving information <u>Mary Parkinson</u>	How related to deceased <u>Grandmother</u>				

CAUSES OF DEATH

Primary <u>Marasmus</u>	How long <u>2 1/2 mos</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John A. Turner</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u>no</u>	<u>Med</u>



Name
in
Full

Isaiah Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

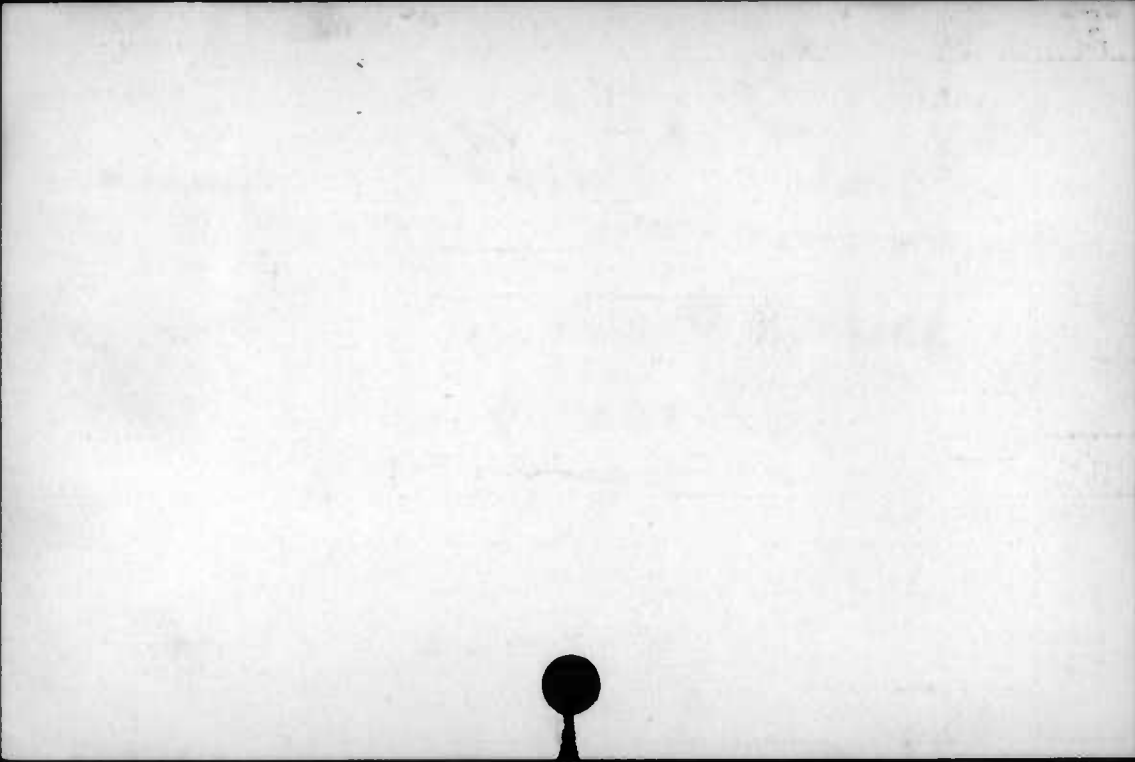
Died at <i>Brownsville Md</i>		County <i>a a</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>16</i>	Age <i>28yr</i>	Months <i>—</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balti Md</i>		
Occupation <i>Printer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Ida G. Gardner</i>				
Father's Name <i>John G. Gardner</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Angeline</i>	Name of person giving information <i>John G. Gardner Jr</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

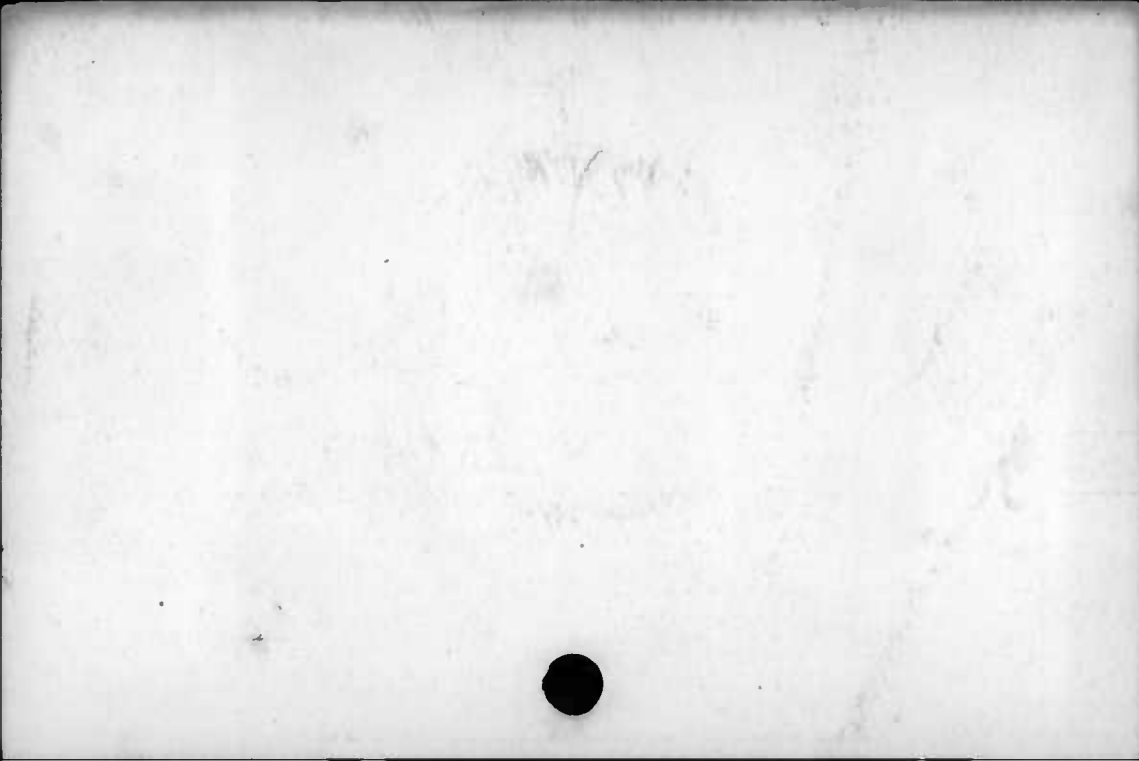
27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>6 yrs</i>
Immediate <i>Cordial Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Robinson</i>
	Address <i>Brownsville Md</i>
Accident or Suicide? <i>No</i>	



Name In Full		Gornelia Green				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Annapolis and A. A. Co					
Date of death		1907	Month	Oct	Day	2nd	Years
		Age		21 yrs		Months	Days
Sex		Female		Color or Race		Colored	
		Birth-place		Annapolis and			
Occupation		Domestic work		Where Residing if not at place of death		60 Northwest	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Jasper Green				Father's Birthplace	
						Annapolis and	
Mother's Maiden Name		Armelia Hall				Mother's Birthplace	
						Annapolis and	
Name of person giving information		Rebecca Green				How related to deceased	
						Sister	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">92</div>							
Primary		Broncho-Pneumonia				How long	
						5 Weeks	
Immediate		Ephraim				How long	
						5 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		G. P. Reese	
				Address		60 Cethedral St	
						Annapolis, Md.	
Accident or Suicide?							



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

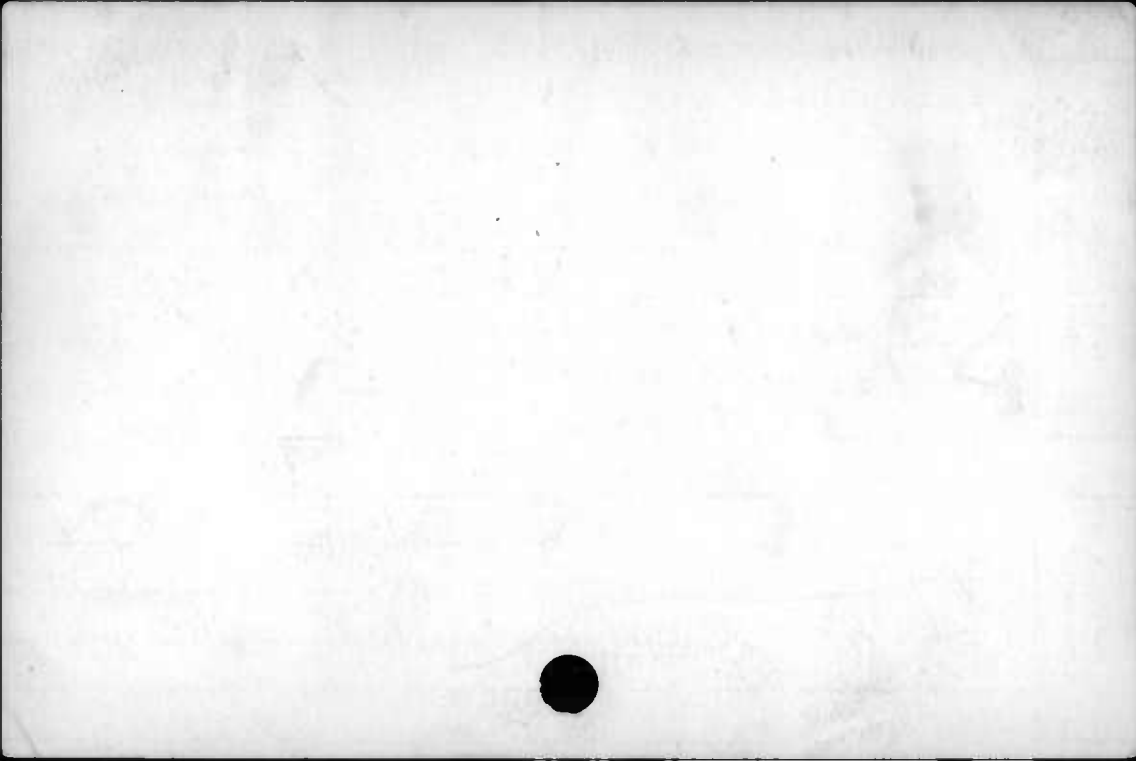
Died at <i>Elk Ridge</i>		Town <i>Elk Ridge</i>		County <i>Armstrong</i>		MARYLAND							
Date of death <i>1907</i>		Month <i>10</i>		Day <i>21</i>		Age <i>4</i>		Years <i>11</i>		Months <i>15</i>		Days <i>-</i>	
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>Ma</i>					
Occupation						Where Residing if not at place of death							
Married, Single or Widowed						Name of Wife or Husband							
Father's Name <i>Joseph German</i>						Father's Birthplace <i>Ma</i>							
Mother's Maiden Name <i>Emma Sherwood</i>						Mother's Birthplace <i>Ma</i>							
Name of person giving information <i>Joseph German</i>						How related to deceased <i>Father</i>							

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Phenemia</i>		How long <i>5 weeks</i>	
Immediate <i>11</i>		How long <i>1</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harrie L. German</i>	
		Address <i>Elk Ridge</i>	
Accident or Suicide?		<i>Ma</i>	



Name
in
Full

Henry Maynard Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

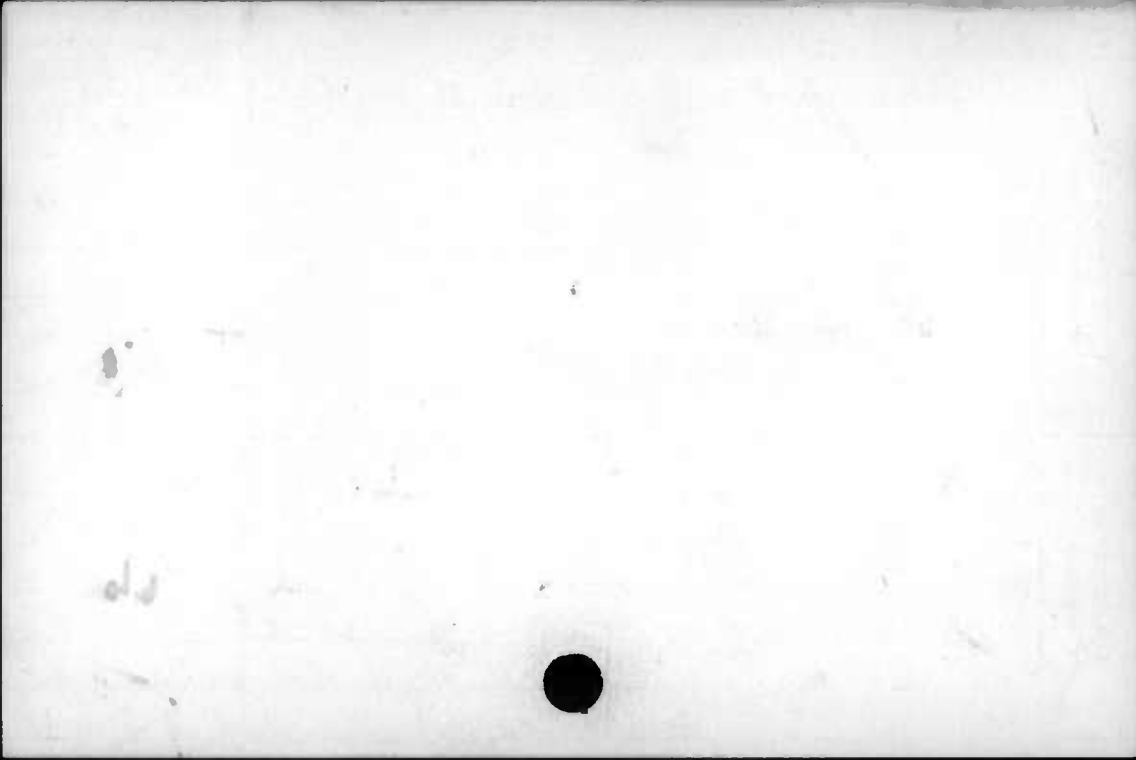
Died at <i>Ammapolis</i> ^{Town}		<i>aa</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>28</i>
Age	<i>77</i>	Years	<i>4</i>	Months	<i>4</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>a.a. Co. Ind</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>39 Madison St</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Harriet H. A. Hopkins</i>			
Father's Name	<i>Isaac H. Hopkins</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Rachel D. Watkins</i>			Mother's Birthplace	<i>A.A. Co. Ind</i>
Name of person giving information	<i>R. E. L. Hopkins</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>Coriatic Asthenia</i>	How long	<i>4 or 5 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. H. Purnis</i>	
Address		<i>Ammapolis</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Evan Carleton Howe,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

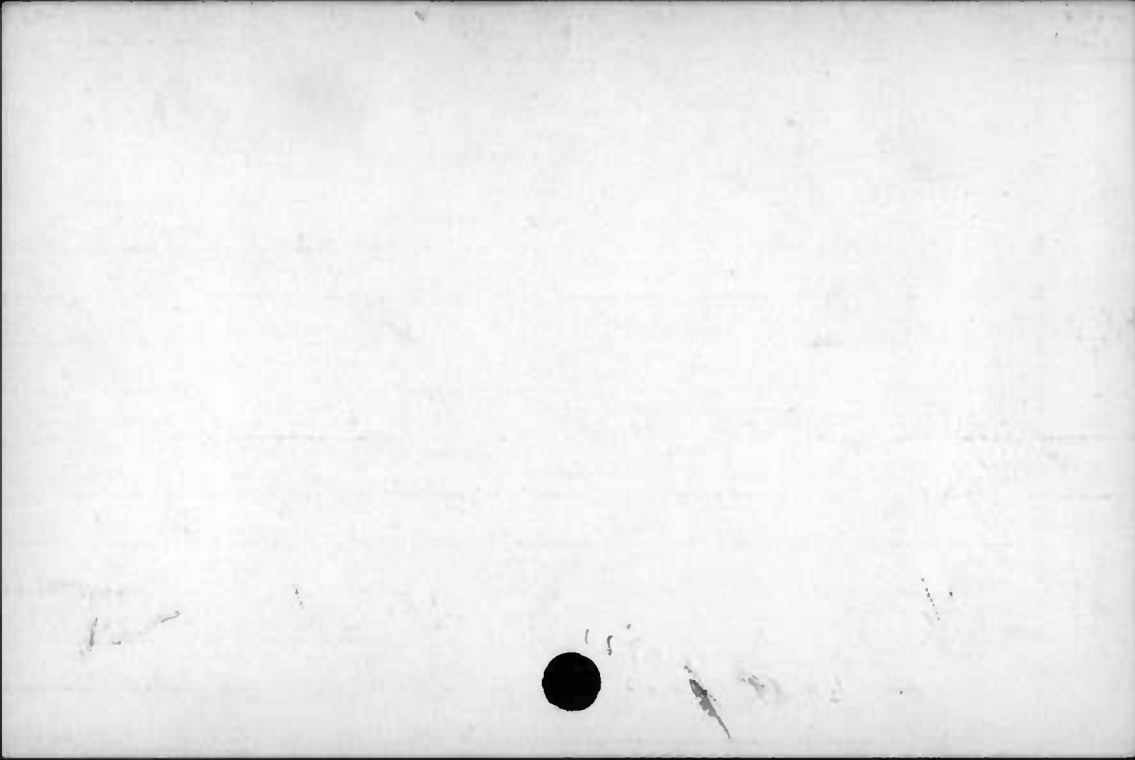
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	Oct.	Day	18
Age		19		Months	7
Sex		Male		Color or Race	White
Birth-place		Medfield, Mass.			
Occupation		Midshipman, U.S.N.		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Frank J. Howe		Father's Birthplace	
Mother's Maiden Name		Lucina M. Hill		Mother's Birthplace	
Name of person giving information		Mrs. L. M. Howe		How related to deceased	
				Mother	

CAUSES OF DEATH

20

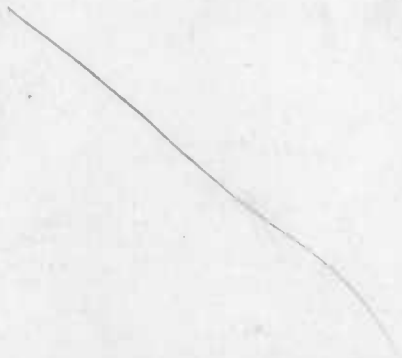
PHYSICIAN
OR CORONER

Primary	<i>Septicaemia</i>	How long	<i>5 days</i>
Immediate	<i>Heart failure from Toxaemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>George Dickrell</i>	
Accident or Suicide?		Address	
<i>No.</i>		<i>U. S. Naval Hospital, Annapolis, Md</i>	



Name in Full		Catherine Jacobs. St. Mary's Cemetery				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis ^{Town}		A-A- County		MARYLAND	
	Date of death	1907	Oct ^{Month}	28. ^{Day}	Age ^{Years}	— ^{Months}	6. ^{Days}
	Sex	Female		Color or Race	Colored		
	Occupation	—		Where Residing if not at place of death	193. West St.		
	Married, Single or Widowed	—		Name of Wife or Husband	—		
	Father's Name	George Jacobs.			Father's Birthplace	Washington D.C.	
	Mother's Maiden Name	Laura Bailey			Mother's Birthplace	Annapolis Ind.	
Name of person giving information	George Jacobs.			How related to deceased	Father		
				CAUSES OF DEATH		(72)	
PHYSICIAN OR CORONER	Primary	Typhus Nascensium				How long	Two days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?				John Ridout M.D. Annapolis Ind.		

St. Mary's



Name
in
Full

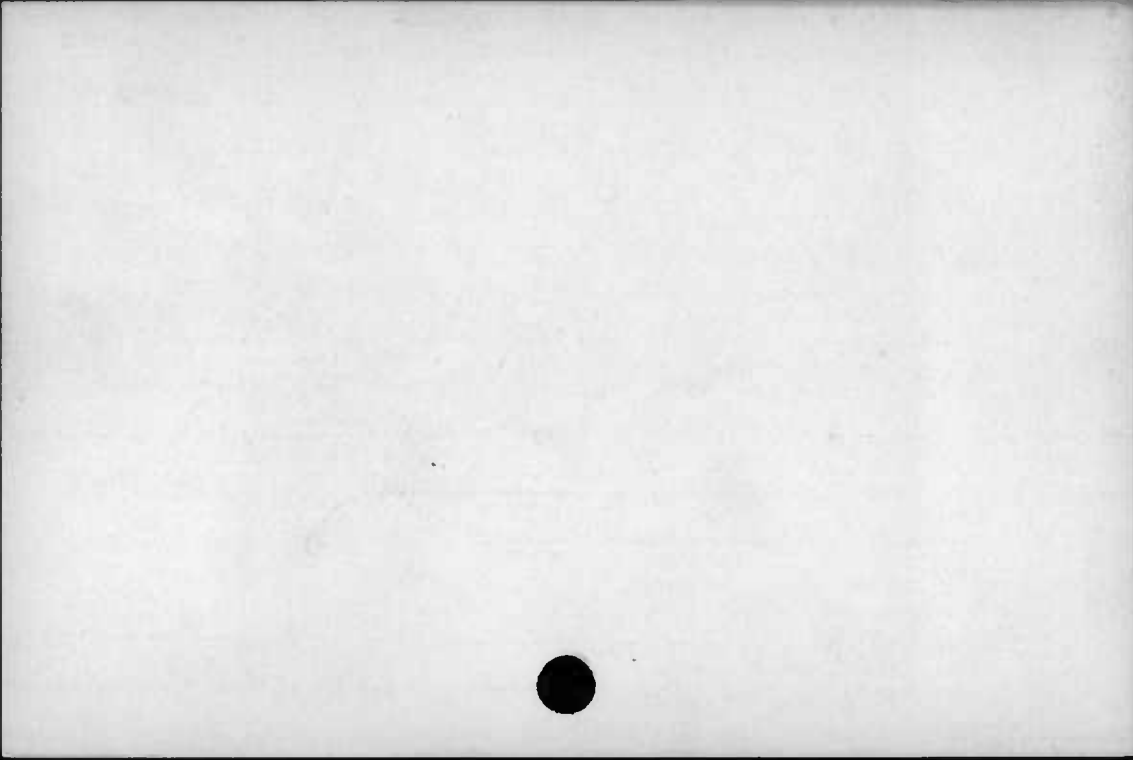
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

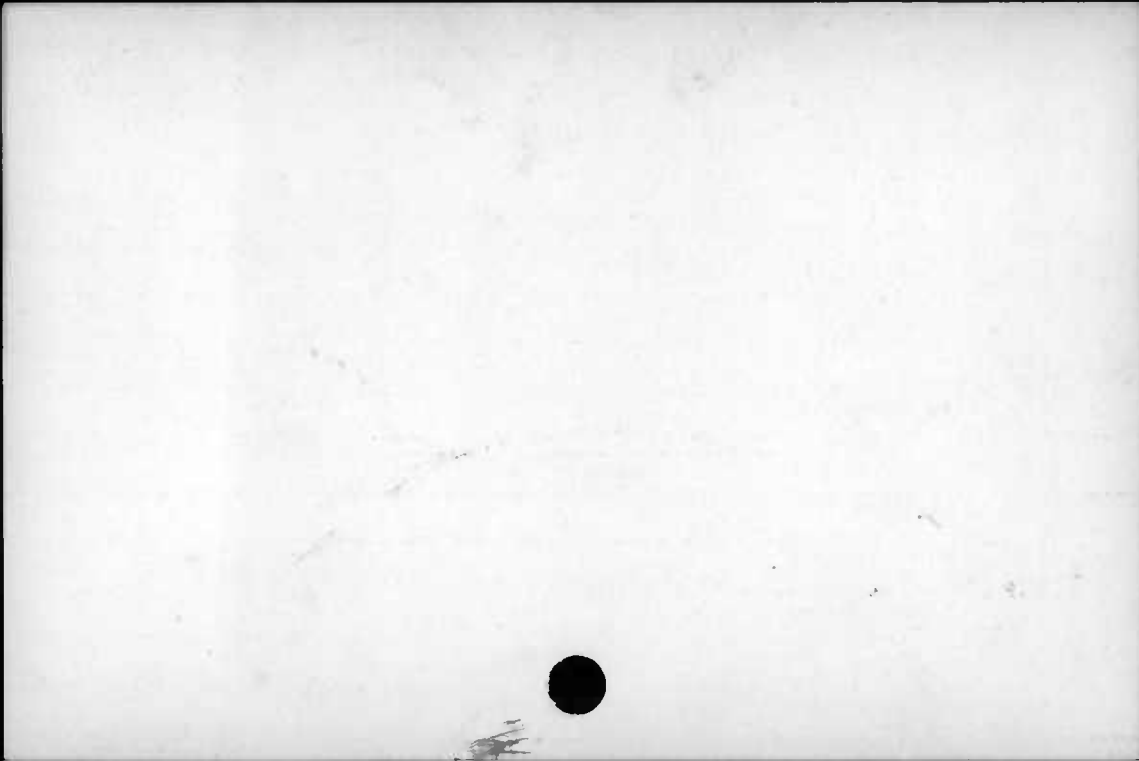
Name in Full <i>Jacobs'</i>		Town <i>Annapolis</i>		County <i>Ala</i>		MARYLAND					
Died at		Month <i>Oct</i>		Day <i>2</i>		Years		Months		Days	
Date of death <i>1907</i>		Age		Years		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>							
Occupation		Where Residing If not at place of death									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband									
Father's Name <i>John Jacobs'</i>		Father's Birthplace <i>Annapolis Md</i>									
Mother's Maiden Name <i>Elizabeth Drury</i>		Mother's Birthplace <i>St. Marys Co.</i>									
Name of person giving information <i>Elizabeth Jacobs</i>		How related to deceased <i>S</i> <i>brother</i>									
CAUSES OF DEATH											

PHYSICIAN
OR CORONER

Primary <i>Placenta Praevia</i>		How long <i>1 month</i>	
Immediate <i>Stillborn</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm Swelch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Richard Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date		Month	Day	Years	Months	
		of death		1907	Oct	6	Age 3	Days
		Sex	Male	Color or Race	Colored	Birth-place	Best Gate	
		Occupation	School Boy	Where Residing if not at place of death		Best Gate		
Married, Single or Widowed		Single		Name of Wife or Husband		Unknown		
Father's Name		Richard Johnson		Father's Birthplace		A.A. Co		
Mother's Maiden Name		Josephine Carpenter		Mother's Birthplace		A.A. Co		
Name of person giving information		Josephine Carpenter		How related to deceased		Mother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Accidental Burn		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. J. Murphy		
				Address		Annapolis		
Accident or Suicide?								



Name
in
Full

Charles E. Koenig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Brooklyn</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	October	Day	4
Age	6	Years	5	Months	4
Sex	Male	Color or Race	White	Birth-place	Brooklyn
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George Koenig			Father's Birthplace	Balto Md
Mother's Maiden Name	Mary E Smith			Mother's Birthplace	Brooklyn Md
Name of person giving information	Mary E Koenig			How related to deceased	Mother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar pneumonia</i>	How long	<i>2 days</i>
Immediate	<i>same</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. L. Stifler</i>	
yes		Address <i>1409 Light St</i>	
no		<i>Baltimore Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

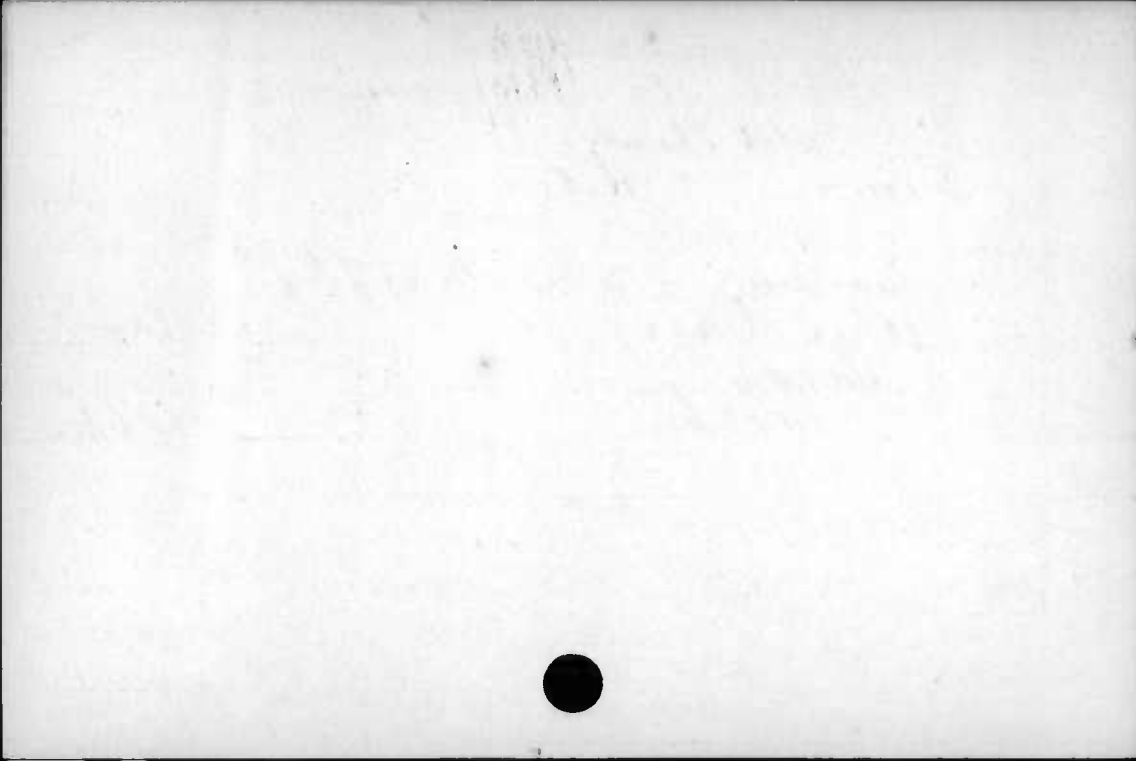
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>8</i>	Age <i>5-8</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Brooklyn Md</i>		
Occupation <i>Waterman</i>		Where Residing if not at place of death <i>Hells View Md</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Leetie McPherson</i>				
Father's Name <i>John T McPherson</i>			Father's Birthplace <i>Alexandria Va</i>		
Mother's Maiden Name <i>Elizabeth Merriken</i>			Mother's Birthplace <i>Balto Md</i>		
Name of person giving information <i>John. H. McPherson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Abetal Regurgitation - Pericarditis - Hypertension</i>	How long <i>?</i>
Immediate <i>Uræmia</i>	How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Oliver Purvis</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Latherine Murphy Trammell

Died at *Smith St. Ann Arundel* County

MARYLAND

Date of death *9.7* Month *Oct* Day *7th* Year *1907* Age *38* Months *0* Days *0*

Sex *Woman* Color or Race *White* Birth-place *Unknown*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John. Murphy*

Father's Name *John Barry* Father's Birthplace *Ireland*

Mother's Maiden Name *Sarah Curran* Mother's Birthplace *"*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

166

Primary *Accidental death by train* How long *1 hour*

Immediate *No* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *S. Driftwood, J. Corwin*

Address *Edwards*

Accident or Suicide? *Accident* *Wellham's*

PHYSICIAN
OR CORONER

OCT 10 1907

To #567 Laurens St

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

Name
in
Full

Alonze

Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Annapolis</i>		County <i>U. A. Co</i>		MARYLAND	
Date of death <i>1907 Oct 31</i>		Month <i>Oct</i>		Day <i>31</i>		Years <i>15</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>			
Occupation <i>Tabor</i>		Where Residing If not at place of death <i>57 Glay st</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>57 Glay st</i>					
Father's Name <i>William Page</i>		Father's Birthplace <i>Eastern Shore</i>					
Mother's Maiden Name <i>Eliza Page</i>		Mother's Birthplace <i>Annapolis Md</i>					
Name of person giving information <i>Eliza Page</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>Three months</i>
Immediate	<i>Asthenia</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout, Md</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

Julia Palulis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

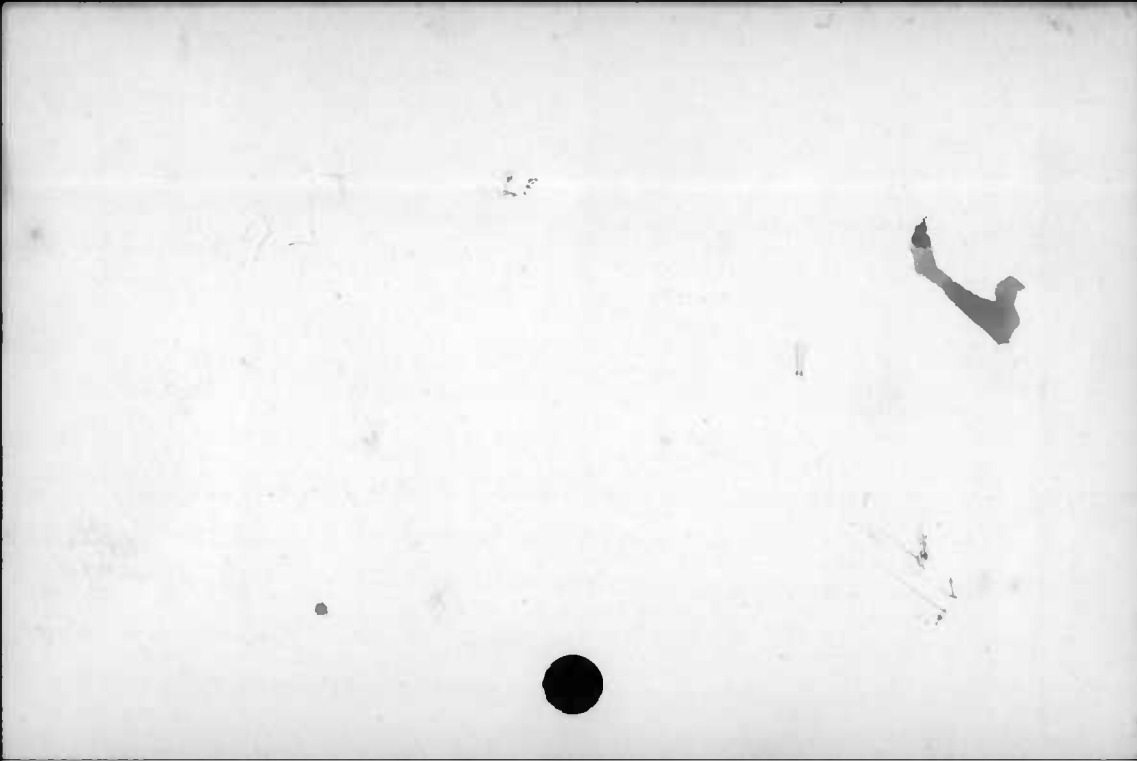
Died at <i>St. Balti</i> ^{Town}		<i>A</i> ^{County} <i>A.</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>14</i>
Age	<i>✓</i>	Years	<i>✓</i>	Months	<i>5</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Philip Palulis</i>			<i>Russia</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Julia Betong</i>			<i>Russia</i>		
Name of person giving information			How related to deceased		
<i>Philip Palulis</i>			<i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>14 days</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos. B. Kortz</i>	
		Address	
		<i>St. Balti. Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

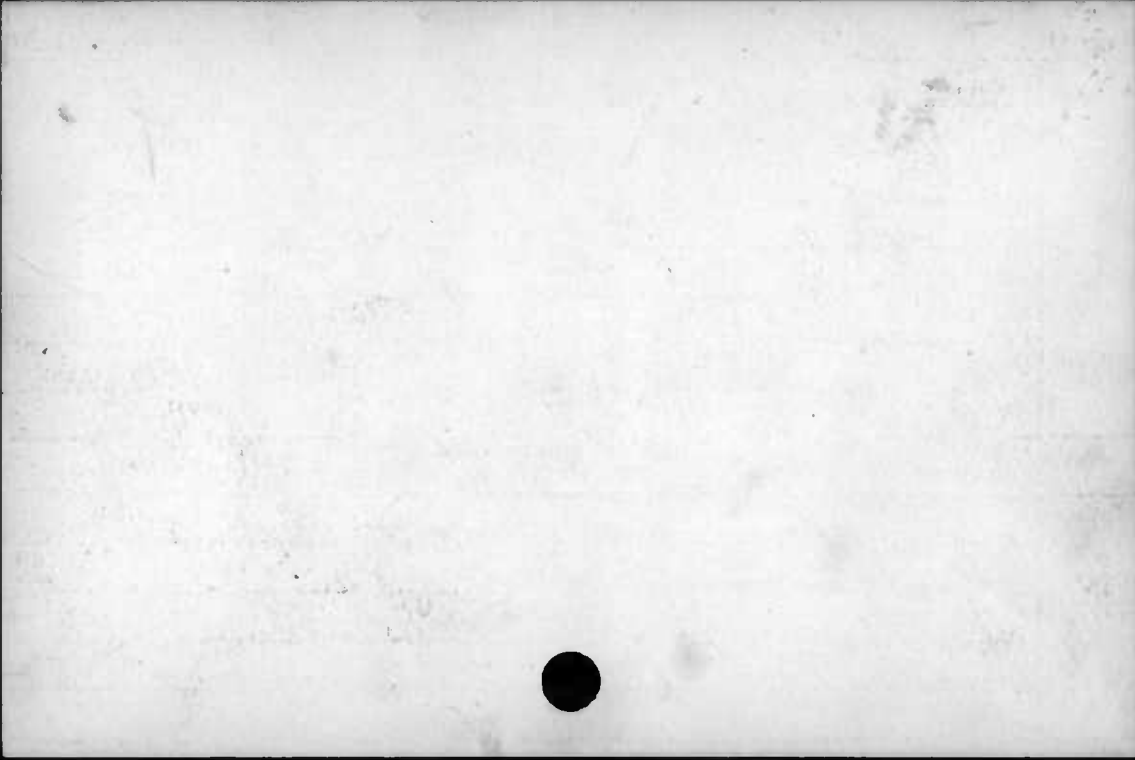
Died at <i>Annapolis</i> Town		<i>A.A.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>October</i>	Day <i>3rd</i>	Age <i>68</i> Years	Months <i>6</i> Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William T. Parkinson</i>				
Father's Name <i>John Gost</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Frances Brown</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy Cerebral</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John P. Parris</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

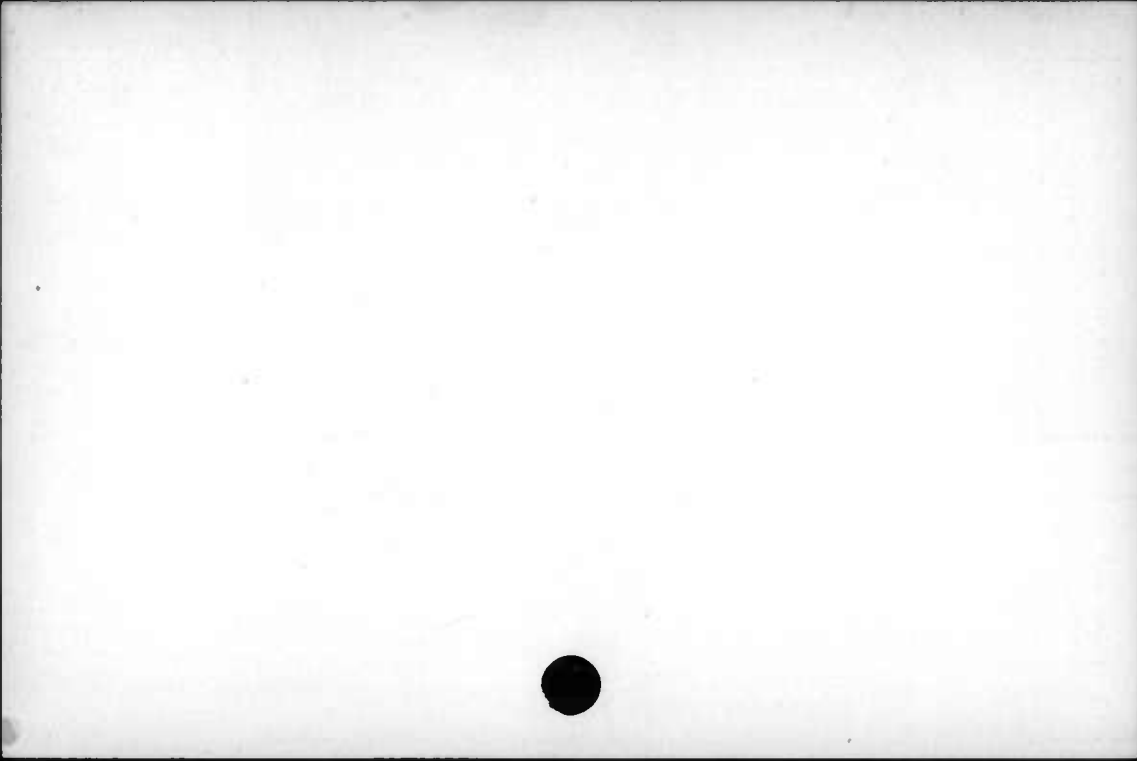
Name in Full <i>Mamie V. Parks</i>		Town <i>Shady Side</i>		County <i>A A</i>		MARYLAND	
Died at <i>Shady Side</i>		Date of death <i>1907 Oct.</i>		Age <i>3</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days <i>22</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thos. A Parks</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Dussie Joyce</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Thos A Parks</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

161

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>3 weeks</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Drub</i>
	Address <i>Chumpton</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Laura Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

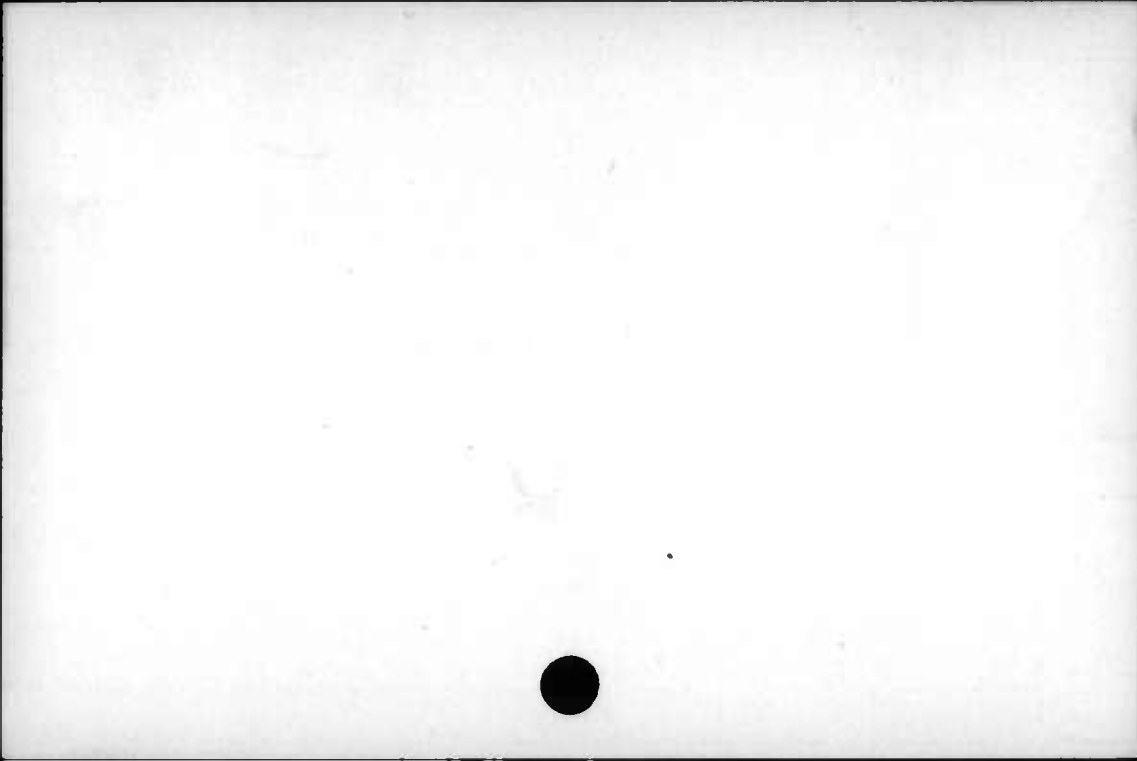
Died at <u>Brown</u> ^{Town}		<u>ac</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>8</u>	Age <u>14</u>	Years <u>2</u>	Months <u>14</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Me</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank Perry</u>		Father's Birthplace <u>Canada</u>			
Mother's Maiden Name <u>Laura Knudsen</u>		Mother's Birthplace <u>Canada</u>			
Name of person giving information <u>Frank Perry</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. H. Broode</u>
	Address <u>Brown</u>
Accident or Suicide?	



Name
in
Full

Emma Rogers

CERTIFICATE OF DEATH

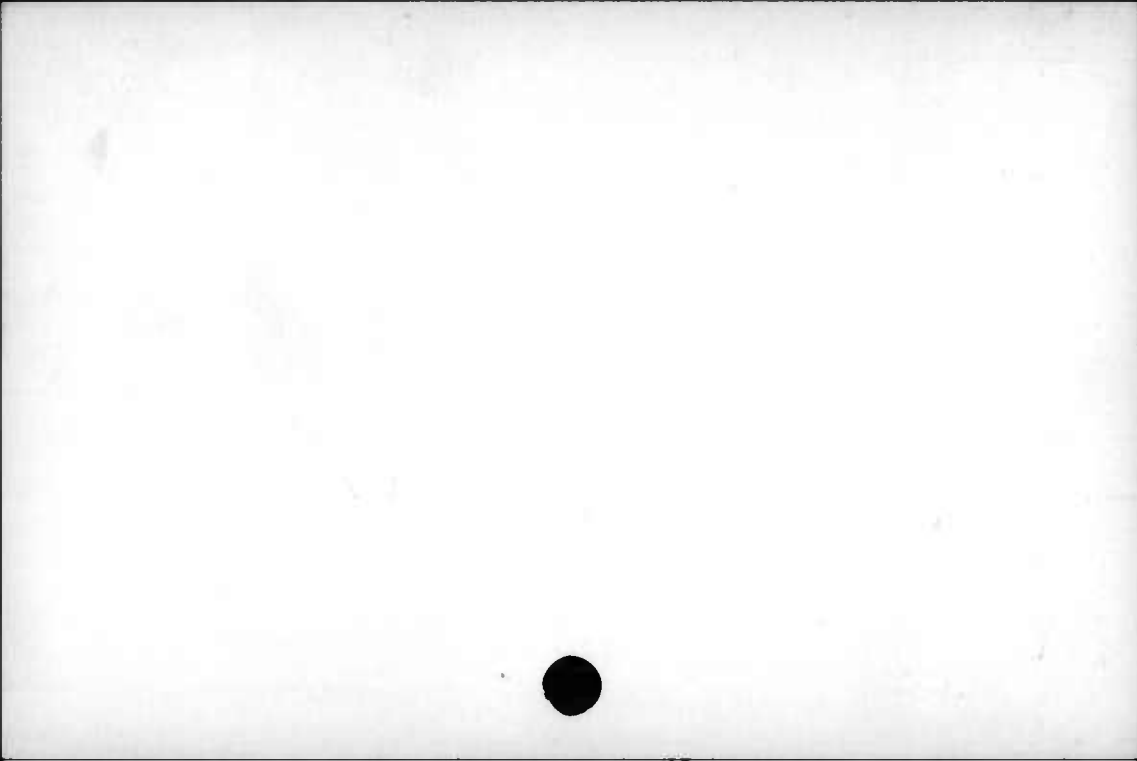
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shady Side</i> Town		County <i>A. A.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>23</i>	Age <i>21</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Oliver Rogers</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sarah Crandell</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Oliver Rogers</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Heart exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. T. Smith</i>
	Address <i>Churchton</i>
Accident or Suicide? <i>—</i>	



Name
In
Full

Sarah Runner

CERTIFICATE OF DEATH

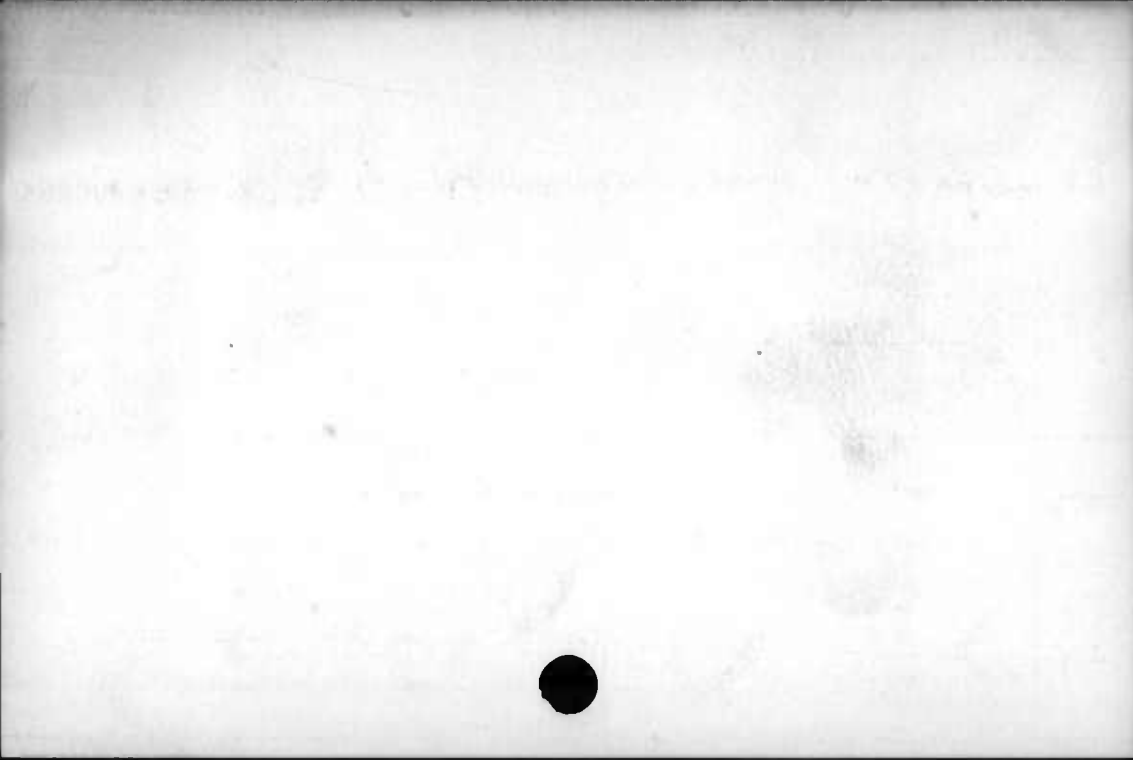
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>20</i>	Age <i>5-9</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Albert Runner</i>			
Father's Name <i>Charles Hall</i>			Father's Birthplace <i>Calvert Co.</i>		
Mother's Maiden Name <i>Ellen Butler</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Charles Peters</i>			How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	<i>48</i>	How long <i>9 yrs.</i>
Immediate <i>Pulmonary Hemorrhage</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Callinan</i>	
<i>yes</i>	Address <i>South River</i>	
Accident or Suicide?	<i>No</i>	



Name
in
Full

Boleslaw Schusniski

CERTIFICATE OF DEATH

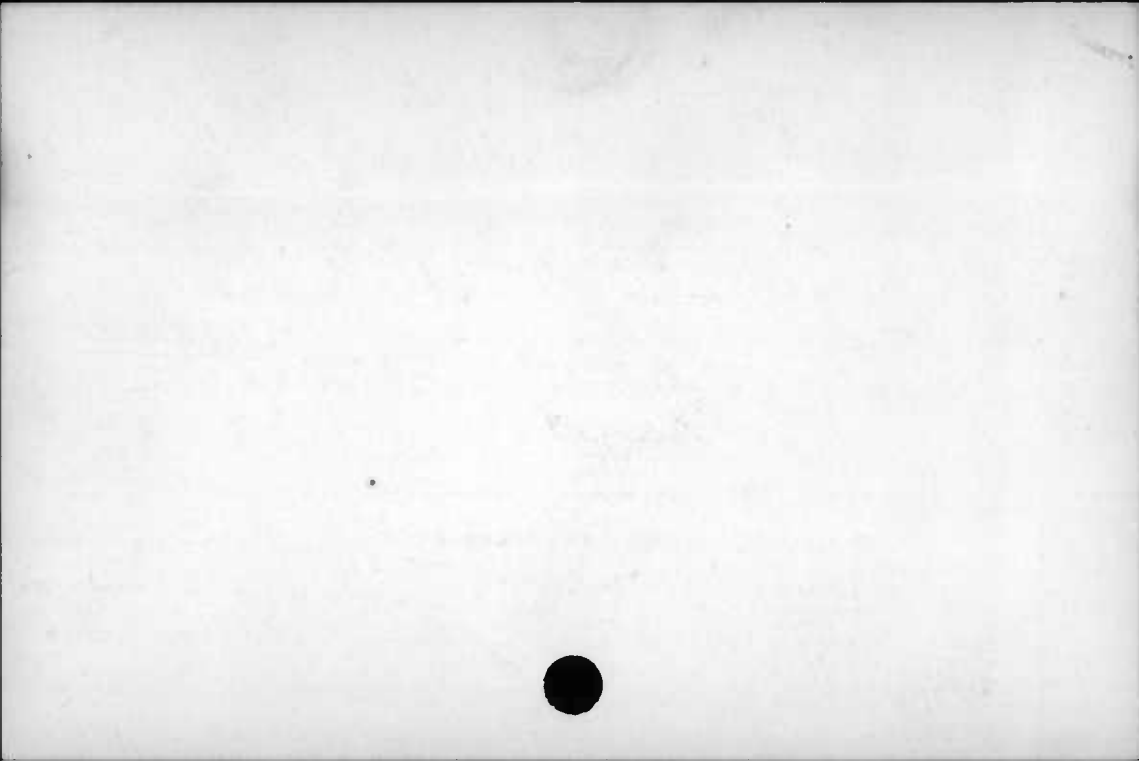
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So. Balto</i>		Town <i>So. Balto</i>		County <i>Ann.</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	6	Age	Years <i>1</i> Months <i>—</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>So. Balto, Md</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Boleslaw Schusniski</i>					Father's Birthplace	<i>Europe</i>
Mother's Maiden Name	<i>Geofila Karwowska</i>					Mother's Birthplace	<i>Europe</i>
Name of person giving information	<i>—</i>					How related to deceased	<i>—</i>

CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>3 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. B. Forton M.D.</i>
		Address	<i>So. Balto. Md.</i>
Accident or Suicide	<i>—</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Arnie E. Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

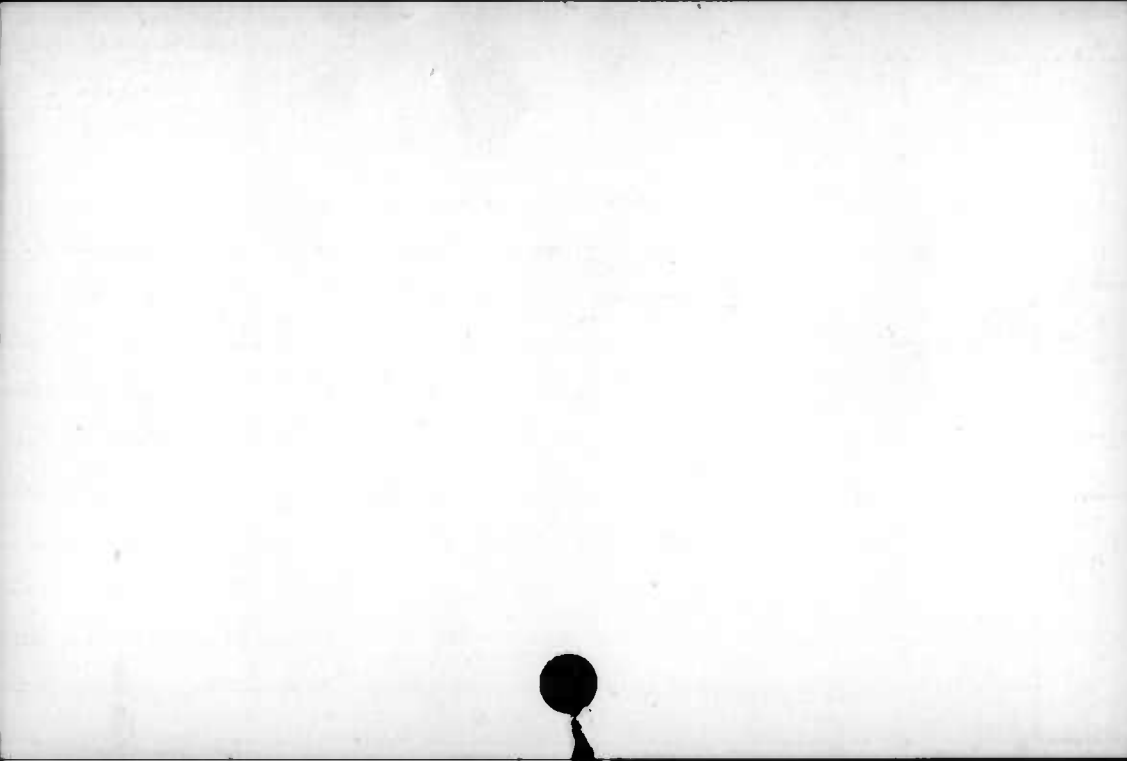
Died at <i>Annapolis</i> <small>Town</small>		<i>a a</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Year</small>		<i>Oct</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>72</i> <small>Years</small>	<i>11</i> <small>Months</small> <i>23</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>a a</i>		<i>anna</i>	
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>26 Second St</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Shipley</i>				
Father's Name <i>Richard Gardner</i>	Father's Birthplace <i>a a</i>				
Mother's Maiden Name <i>Lila L. Sweatt</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Frank Shipley</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Chronic bronchitis</i>	How long <i>6 weeks</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Clement Chandler</i>
	Address <i>950 John St., Annapolis, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Margaret Florence Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

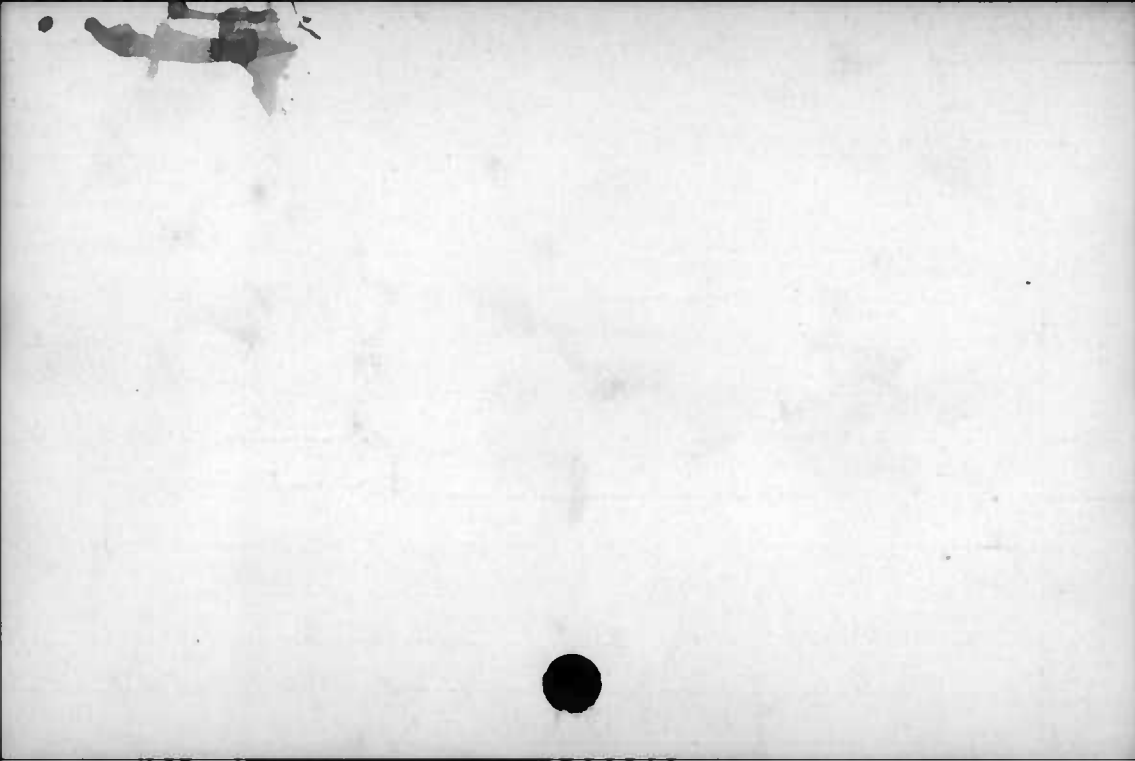
Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>October</i>	Day	<i>15th</i>	Age	<i>34</i>	Years	Months
								<i>2</i>	
								<i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis md</i>					
Occupation <i>None</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>James Smith</i>		Father's Birthplace <i>Baltimore md</i>							
Mother's Maiden Name <i>Jane E. Hee</i>		Mother's Birthplace <i>Ireland</i>							
Name of person giving information <i>Jos. F. Naughton</i>		How related to deceased <i>Brother in law</i>							

CAUSES OF DEATH

32

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>10 yrs</i>
Immediate <i>2 weeks</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Murphy</i>
	Address <i>1234 5th St</i>
Accident or Suicide?	



Name
in
Full

Samuel Snowden Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patuxent</i>		Town <i>Patuxent</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>10</i>	Day <i>16</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Collington P. G. Co.</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Collington P. G. Co.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nellie Snowden</i>						
Father's Name <i>Samuel Snowden Sr.</i>	Father's Birthplace <i>Collington P. G. Co.</i>						
Mother's Maiden Name <i>Henrietta Graham</i>	Mother's Birthplace <i>Port Tobacco G. Co.</i>						
Name of person giving information <i>Arthur Snowden</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

166

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Lester L. Disney

Address

Odenton. A. A. Co. Md.

Accident or Suicide?

accident

Justice of the Peace actg. Coroner



Name
in
Full

William Spencer

CERTIFICATE OF DEATH

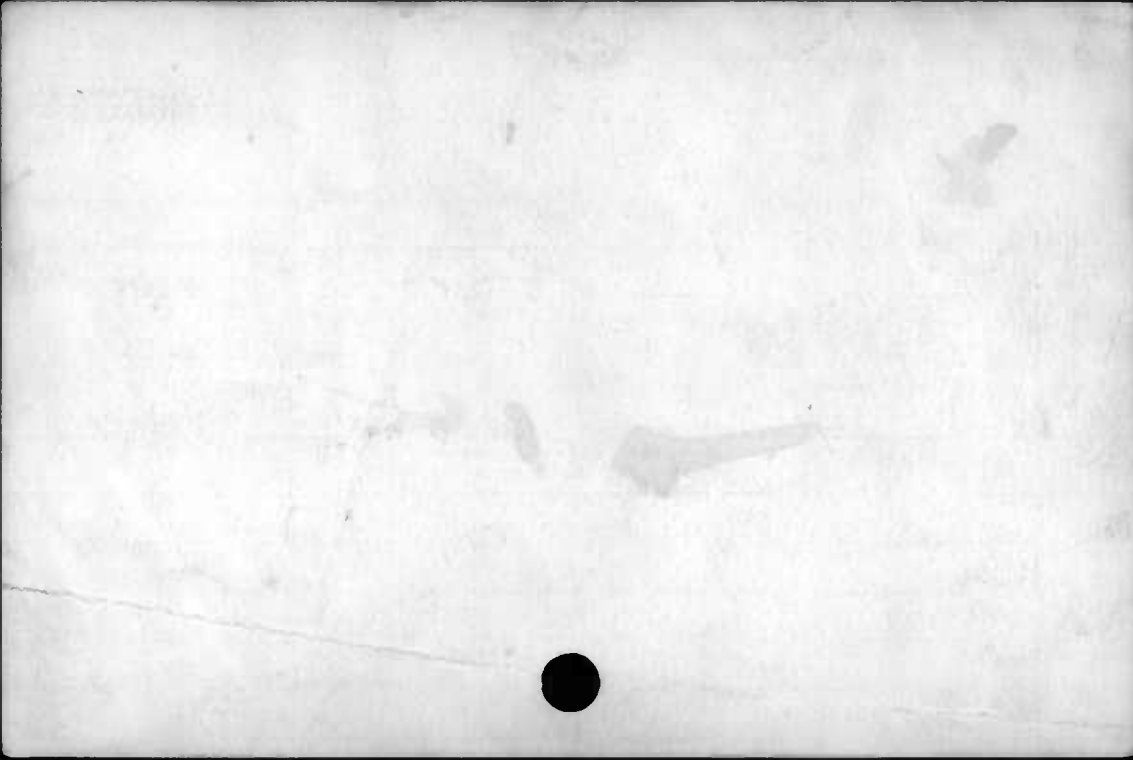
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marley</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> <small>Month</small>	<i>2</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	<i>Black</i> <small>Color or Race</small>		<i>a a co md</i> <small>Birth-place</small>		
Occupation <i>Farm hand</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>	<i>Rachel R Spencer</i> <small>Name of Wife or Husband</small>				
Father's Name <i>James Spencer</i>	<i>a a co md</i> <small>Father's Birthplace</small>		<i></i>		
Mother's Maiden Name <i>Laura Richards</i>	<i>a a co md</i> <small>Mother's Birthplace</small>		<i></i>		
Name of person giving information <i>Rachel R. Spencer</i>			<i>wife</i> <small>How related to deceased</small>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	<i>14 days</i> <small>How long</small>
Immediate <i>Hemorrhage</i>	<i>2 hours</i> <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Cranch M.D.</i>
	Address <i>Armiger M.D.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

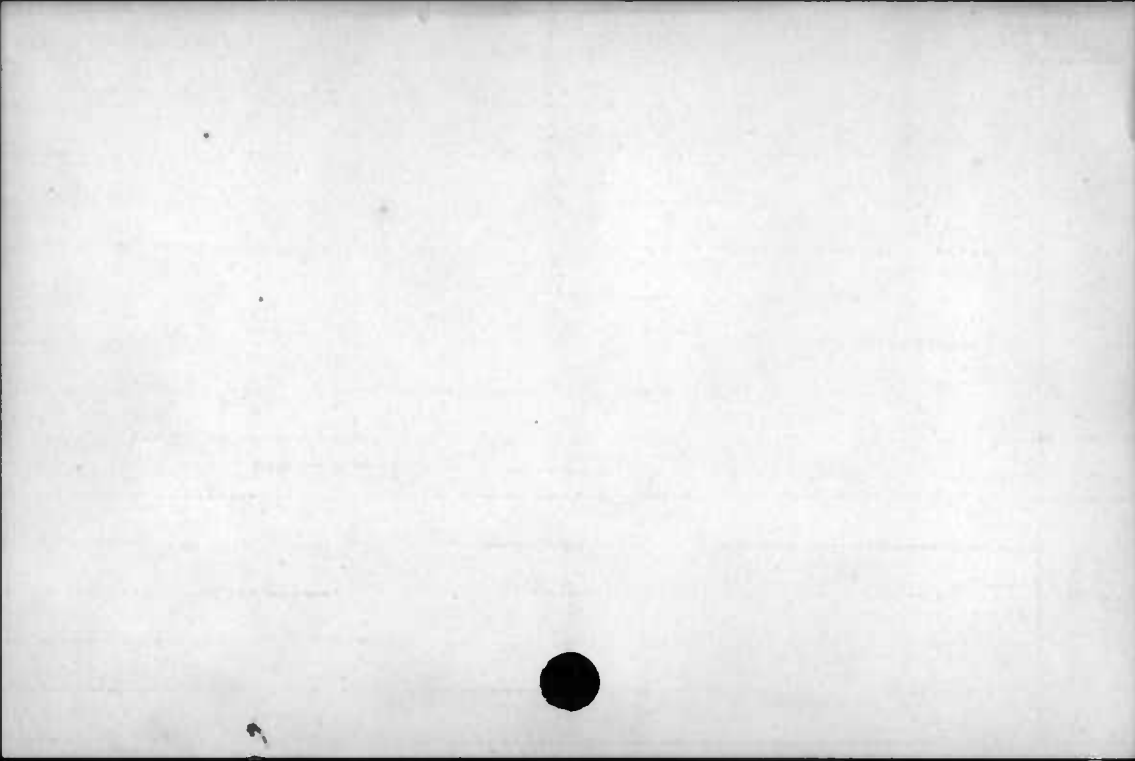
Name in Full <i>James Matthew Sullivan</i>		Town <i>Annapolis</i>		County <i>A a</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>Oct</i>		Day <i>12</i>		Years <i>22</i>	
Date of death <i>1907</i>		Months <i>7</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Oregon</i>			
Occupation <i>Captain U.S.M.C.</i>		Where Residing if not at place of death <i>Annapolis</i>					
Married Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Matthew Sullivan</i>		Father's Birthplace <i>Cal</i>					
Mother's Maiden Name <i>Rose Bryan</i>		Mother's Birthplace <i>Washington D.C.</i>					
Name of person giving information <i>Miss Hugh Parker</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound of brain</i>	How long <i>—</i>
Immediate <i>Extensive destruction of brain tissue</i>	How long lived <i>about 10 minutes after wound was received.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. McKell M.D.</i>
	Address <i>U.S. Naval Hospital Annapolis, Md.</i>
Accident or Suicide? <i>Suicide</i>	



Name
in
Full

Mrs Susanna Rankin Watson

CERTIFICATE OF DEATH

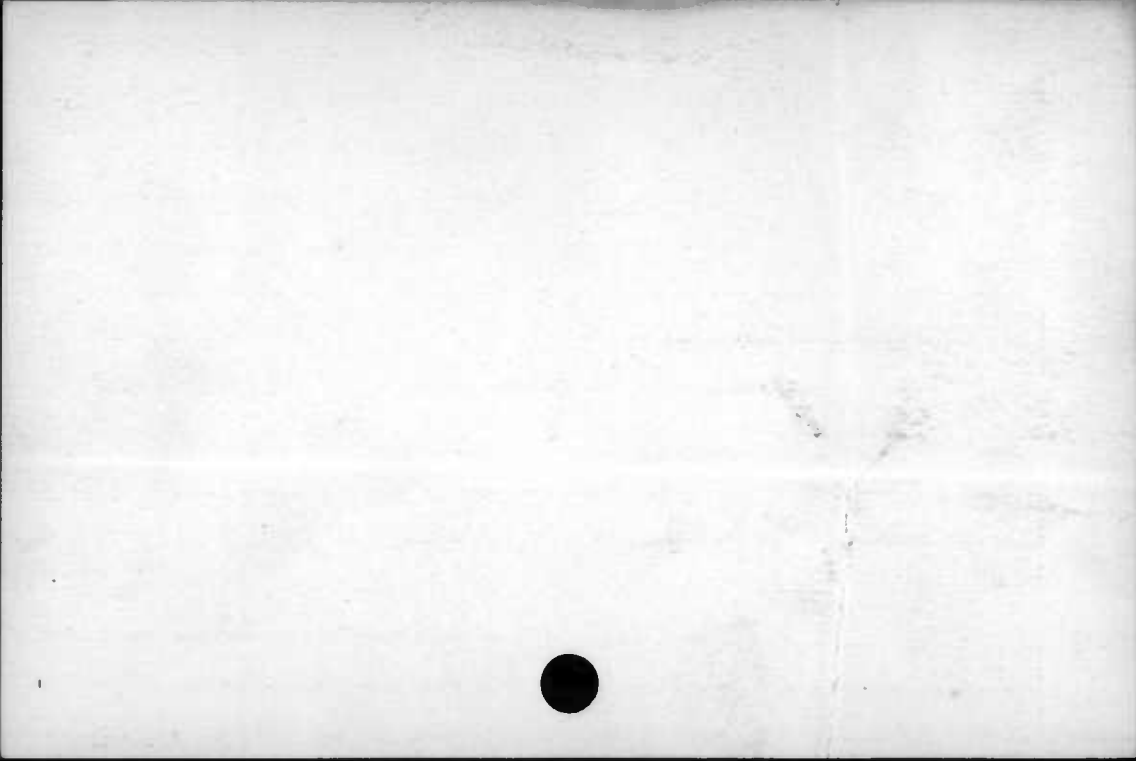
Died at		3rd Dist.		County		Anne Arundel		MARYLAND	
Date of death		1907	Month	Oct	Day	4	Age	Years	67
Sex		Female		Color or Race		White		Birth-place	
Occupation		House-wife		Where Residing if not at place of death				Months	
Married, Single or Widowed		Married		Name of Wife Husband		George H. Watson		Days	
Father's Name		Samuel Rankin		Father's Birthplace		Ireland			
Mother's Maiden Name		Not known		Mother's Birthplace		Ireland			
Name of person giving information		Miss Fannie Watson		How related to deceased		Daughter			

CAUSES OF DEATH

103

Primary	Ulcer of stomach Catarrh of stomach	How long	
Immediate	Hemorrhage general	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Fred Adams
		Address	1314 N. Charles St. Baltimore, Md.
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

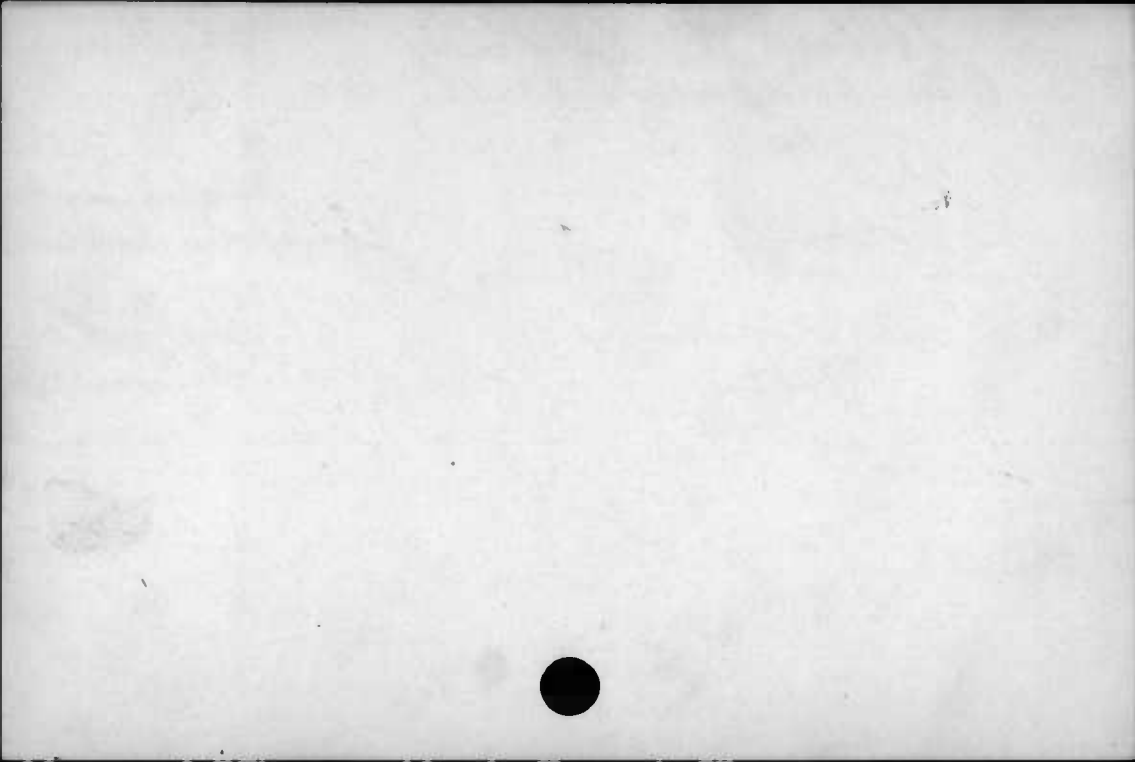
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Curtis Bay</i>		County <i>Wenues</i>		MARYLAND	
Date of death		Month <i>1907 Oct</i>		Day <i>11</i>		Age Years Months Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Curtis Bay</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Anton Wenues</i>				Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Catarina Labutis</i>				Mother's Birthplace <i>Russia</i>			
Name of person giving information				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still birth</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Mrs. Lepinaitis midwife</i>	
		Address <i>1003 Curtis Ave Curtis Bay Md</i>	
Accident or Suicide?			



Name
in
Full

Robert F. Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis Junction ^{County} A. A. Leo.

MARYLAND

Date of death 1907 Month 10 Day 3 Age — Years — Months 7 Days 25

Sex Male Color or Race White Birth-place Annapolis Junction

Occupation None Where Residing if not at place of death Annapolis Junction

Married, Single or Widowed ☒ Name of Wife or Husband —

Father's Name W. W. Willey

Father's Birthplace Hartford Co.

Mother's Maiden Name Mabel.

Mother's Birthplace Pr. Geo. Leo

Name of person giving information W. W. Willey

How related to deceased Father

CAUSES OF DEATH

105

Primary Enteric Colitis

How long 2 m

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

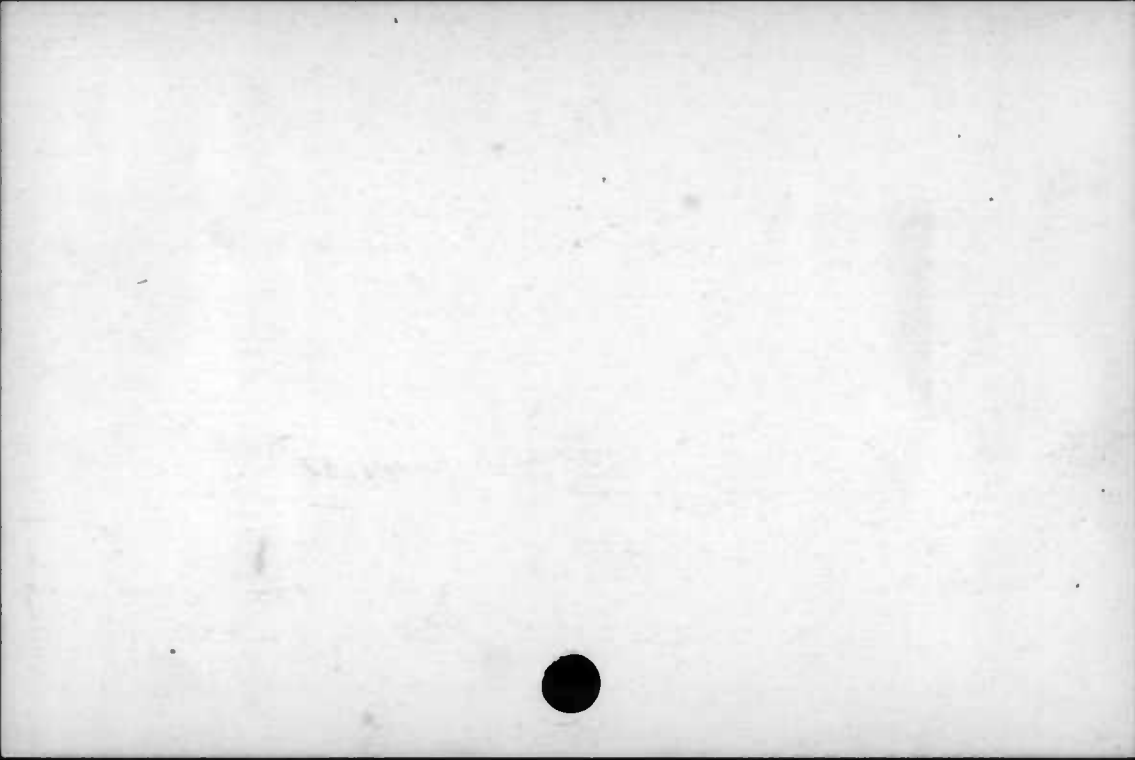
72

Signature of Physician

Address

Dr. J. M. B. J. M. B.

Accident or Suicide?



Name in Full		Town		County		CERTIFICATE OF DEATH	
Annir Wilson		Annapolis		A-A		MARYLAND	
Died at		Date of death	Month	Day	Years	Months	Days
1907		Oct.	28	Age	45		
Sex		Color or Race		Birth-place			
Female		Colord		Davidsonville			
Occupation		Where Residing if not at place of death					
Laundress.		Holloman Lown					
Married, Single or Widowed		Name of Wife or Husband					
Widow		William Wilson					
Father's Name		Father's Birthplace					
Robert Peters		Davidsonville					
Mother's Maiden Name		Mother's Birthplace					
Harriet Peters		Davidsonville					
Name of person giving information		How related to deceased					
Jessie Ween		Daughter					
CAUSES OF DEATH							
Primary		How long					
Chronic Nephritis		Months					
Immediate		How long					
Asthenia		Gradual					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		John Ridout, M.D.					
		Address					
		Annapolis					
		Md					
Accident or Suicide?							

Browns Hill

Name
in
Full

Elizabeth W. Wolcott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

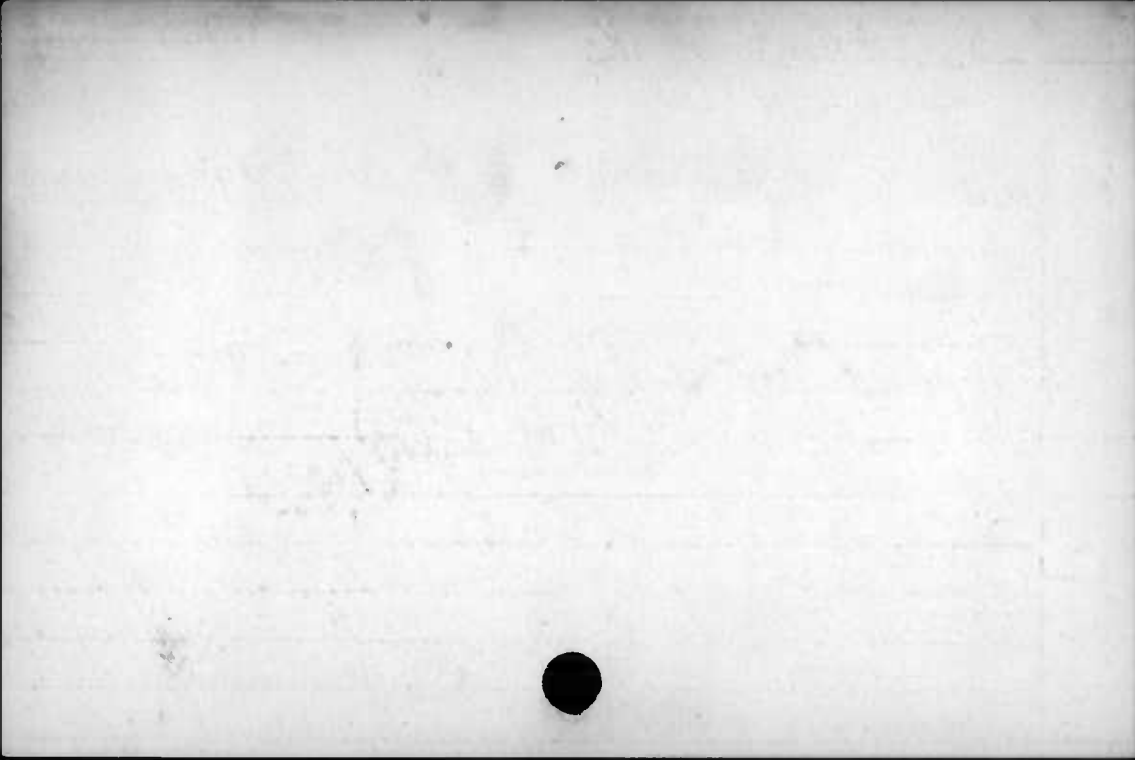
Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		Month Oct	Day 4	Age 72	Years 10	Months	Days
Sex Female		Color or Race White		Birth- place Va.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband C. C. Wolcott					
Father's Name James Macrae		Father's Birthplace Va.					
Mother's Maiden Name Carmelia Lee		Mother's Birthplace Va.					
Name of person giving Information Mrs. T. G. Dewey		How related to deceased Daughter					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	over two years
Immediate	Dropsy & Heart failure	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. S. Stephens	
		Address Annapolis	
Accident or Suicide?		Ind.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clementina Yarenska

Died at *So. Balto* ^{Town} *W. A.* ^{County}

MARYLAND

Date of death 1907 ^{Month} Oct ^{Day} 17 ^{Age} ^{Years} ^{Months} ^{Days} 21Sex *Female* Color or Race *white* Birth-place *So. Balto, Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's Name *Zigae Yarenska*Father's Birthplace *Russia*Mother's Maiden Name *Josefa Yaze Kuska*Mother's Birthplace *Russia*Name of person giving
In formation *Zigae Yarenska*How related
to deceased *Father*

CAUSES OF DEATH

104

Primary *Indigestion* How long *one week*Immediate *Convulsions* How long *one hour*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *John D. Norton Md.*Address *So. Balto. Md.*PHYSICIAN
OR CORONER

